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A SOCIAL HISTORY OF BAD EMS

SPA CULTURE AND THE WELFARE STATE IN GERMANY

Jackie Bennett-Ruete

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ABSTRACT

This thesis is about the spa town of Bad Ems in West Germany - its social and economic development. It analyses the town's rise to fame as a fashionable centre for relaxation and recuperation and the emergence of a 'spa culture' in the nineteenth century. It also studies the impact of the gradual 'democratisation' of cures i.e. how spa towns like Bad Ems changed in this century with the increase in the number of cure-guests funded by the statutory insurance bodies.

This inevitably involves an examination of the system of national health provision from the late 19th century and the incorporation of spa treatment into benefit schemes.

The subsequent analysis of medical knowledge and opinion, with particular reference to spa remedies and treatment considers both medical practitioners in Bad Ems and the development of the science of balneology over the past one hundred and fifty years. This analysis includes the debates and arguments about the modern cure and the growing concern since the Second World War with the efficiency and effectiveness of social insurance cures.

Finally, this study looks at the cure-takers themselves, both in their relationship with the medical profession and their experience of spa life.

Because no comprehensive study of Germany's spas has been attempted, this thesis aims to bring together different perspectives adopted by various disciplines. However, given the present state of research, it seemed that the only viable approach would be through a case study which analyses the town of Bad Ems at a grass-root level, though without ignoring the impact of national events and policies in Germany on cure-taking and spa culture.

The findings of the research indicate that the introduction of cures as a benefit of national welfare policies ensured the survival of spas as health centres. No less importantly, today a cure is no longer the preserve of a wealthy elite as in the 19th century but available to all Germans.

The success of cures in Germany today would also seem to reflect a culturally specific attitude to health and illness which stands in marked contrast to that in this country where spas have declined and where there is little interest in the forms of treatment offered by mineral springs and thermal waters.

INTRODUCTION

This thesis deals with the social and economic development of the German town of Bad Ems near Koblenz in the Rhineland. It is not an ordinary town. It is famous not only for the Ems Telegram incident in 1870 but is also among the best-known spa resorts of the Federal Republic, and its history provides many special insights into German society and culture and indirect comparisons with Britain. One of the almost uniform aspects of spas in this country is their steady decline in the late nineteenth and early twentieth centuries. Elsewhere in Europe, in particular in Germany, spas and health resorts have not only survived but also achieved even greater success in this century whilst retaining the essential curative and convalescent provisions of spa treatment. Over the past one hundred years the cure homes, sanatoria and clinics have improved their facilities and modernised their equipment in line with advances in medical science whilst treatment has remained essentially unchanged, relying as it does on the natural resources of water and air.

As the American novelist Mark Twain put it in 1885: "People say that Germany...is the home of rheumatism. If that is so, Providence must have foreseen it would be so and therefore filled the land with these healing baths. Perhaps no other country is so generously supplied with medicinal springs as Germany."¹ This is even truer today when West Germany has

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no fewer than two hundred and fifty spa resorts and when, as far as the cure-takers are concerned, the system has become 'democratised' in a way which will be at the centre of our analysis in subsequent chapters.

There is no precise date to pinpoint when the natural springs in Germany were first used although archaeological finds indicate that the practice of bathing in the thermal waters and drinking from the mineral springs began in pre-historic times, a custom later improved and embellished during Roman occupation. Throughout the Middle Ages physicians, most notably Arab, Greek and Italian, wrote on the practical uses of natural springs, and their methods were adopted and applied in Germany well into the 16th century: the word *Kur* first appeared in the 14th century, being translated from the Latin.²⁾

During the 15th century the "emerging and well-off bourgeoisie rediscovered the mineral water and hot springs for themselves"³⁾ in Germany and visits to spas began to increase. The aim was "not so much for the treatment of some illness but rather for recuperation and relaxation, above all for the social life...and for robust sensual pleasure."⁴⁾ Reports from spas at this time speak of guests bathing "three to four times a day and spending the greater part of their day singing, drinking and, after the bath, dancing."⁵⁾ In 1565 there were seventy-five spa resorts recorded⁶⁾ which,

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up to the 17th century, were almost exclusively used for bathing. Medical practitioners, keen to recommend the hot springs for bathing in the 16th century, increasingly focused their attention on imbibing the mineral waters from the mid-sixteenth century and in less than one hundred years the famous waters of Spa, for example, were no longer bathed in but only drunk, "principally because it was recognised that the carbonate content (the 'spirit') from which the strength of the waters was sought was lost when the water reached bathing temperature."⁷ The drinking cure was also well suited to the exigencies of "high society"⁸ which now visited spas, allowing guests ample opportunities to socialise as they promenaded along tree-lined walks and in the pump rooms. Throughout the 18th century visits to spa resorts increased and "there was hardly a prominent doctor in the three centuries after the Renaissance who did not at least include balneology* among his array of treatment."⁹

By the 19th century spas in Germany had taken on an atmosphere of fashion and comfort and by the end of the century many resorts had become international meeting places not only for the aristocracy and wealthy but also for politicians, writers, artists and musicians. This development encouraged the establishment of many new resorts

*Balneology: the branch of medical science concerned with treating illness using mineral and thermal waters.

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and by the second half of the nineteenth century, "new spas were sprouting like mushrooms from the earth."¹⁰ In England spas had become fashionable pleasure resorts in the previous century and during the 19th century were gradually to decline with the rise in popularity of sea-side resorts. Leamington Spa, so popular in the first half of the nineteenth century, has been described as probably "the last spa in the great aristocratic tradition" in this country.¹¹ Elsewhere in Europe, in France for example, spas in the 19th century were increasing in popularity with Vichy emerging "at the top of the hierarchy of French spas...with few rivals anywhere in Europe".¹² Germany, however, boasted a number of highly fashionable resorts with Baden-Baden, Bad Ems, Bad Homburg, Karlsbad, Bad Kissingen, Bad Pyrmont and Wiesbaden emerging as affluent centres attracting a cosmopolitan elite.

Records of spa visits in the last century are far from comprehensive. However, an increase in bureaucratic activity by the spa authorities, whereby all visitors were obliged to register, resulted in the keeping of *Kurliste*, which provide valuable statistical information.¹³ The *Kurliste* of seven resorts in Silesia¹⁴ compiled between 1875 and 1908 have been collated and categorised¹⁵ and reveal the largest single professional group to be that of "merchants and associated occupations", who represented an average of 23% of all guests over the thirty-three year period. Civil servants accounted for an average of 14% and other professions

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included university teachers, members of the clergy, artists and land-owners. The nobility amounted to only a small percentage of all guests, although they were over-represented in comparison with their percentage in the total population of the country. The category of "women and widows alone" shows an increase from 3.2% in 1878 to 16.2% by 1905. The records show that a cure in Germany was almost exclusively the preserve of the well-off, the category "working-class" at no time exceeded 2.7% and at one point fell below 1%.

Visits to the seven Silesian spas reflect the dramatic increase in cure-taking during this period, rising from 4,601 in 1875 to 65,857 by 1908¹⁶³. In other resorts the pattern was repeated, in fashionable Baden-Baden visits had risen from 11,356 in 1832 to 70,908 by 1902, in Bad Nauheim from 95 in 1835 to 22,917 by the same year and in Karlsbad from 5,633 in 1832 to 51,496.¹⁷³

Entertainment varied with the size of the spa, but music was an integral part of a cure at all resorts. Before the First World War, Wiesbaden, for example, employed sixty musicians, Bad Nauheim, fifty and Bad Wildungen forty.¹⁸³ All resorts organised parties and social gatherings including garden parties with illuminations and fireworks displays. Horse riding and jumping events were held in many resorts and there were opportunities for hunting, shooting and fishing. Golf and hockey tournaments were held in larger spas such as

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Baden-Baden and Bad Homburg; there were communal outings and sightseeing trips and the towns offered a programme of concerts, theatrical productions, art exhibitions and museums. In the larger resorts there were casinos and in the smaller spas there was usually an opportunity to participate in some form of gaming. Dostoevski, for example, writing of a visit to Bad Homburg in 1867, referred to pleasant walks in the park and to the wonderful music. He commented, however, that he would have been able "to live contentedly, if only the damned roulette was not here."¹⁹

A programme of entertainment in Baden-Baden in 1882 offered:

Great instrumental and vocal concerts with the most distinguished celebrities: concert parties and oratoria. Military concerts, opera, dramatic and comedy productions...guest performances by foreign companies...and popular scientific lectures by famous men of learning... Children's parties, an Italian evening with illuminations...: fireworks and mammoth military concerts: great horse races - flat and steeple-chase and great Army hunt races.²⁰

Even small resorts offered a wide range of amusements; Bad Kohlgrub, a spa administering mineral spring water, mud and pine-needle baths, advertised a programme in 1885 of:

Morning and afternoon concerts by an excellent orchestra in the park, plus weekly concerts and social gatherings in the Assembly Rooms. One cultivates conversation, plays billiards, skat and tarock, reads the latest novels and newspapers and allows oneself the occasional glass of champagne.²¹

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By the turn of the century spas in Germany were international resorts, as Jerome K. Jerome reported:

In Carlsbad...the band plays under the colonnade and the Sprudel is filled with a packed throng a mile long... Here you may hear more languages spoken than the Tower of Babel could have echoed. Polish Jews and Russian princes, Chinese Mandarins and Turkish Pashas, Norwegians looking as if they had stepped out of Ibsen's plays, women from the boulevard, Spanish grandes and English countesses, mountaineers from Montenegro and millionaires from Chicago.²²

Cures were prescribed for those with heart, circulatory, muscular, skin, arthritic and rheumatoid complaints, sexual diseases, nervous ailments and disorders of the stomach and intestines. There were special clinics for drug and alcohol addiction, for treating womens' afflictions and childrens' diseases. Treatment involved the drinking of mineral water and bathing in thermal spring water, mud, loam, and pine-needles. There were steam baths, showers, radium baths, inhalatoria and electrotherapy rooms.

When war broke out in 1914 the larger, more cosmopolitan resorts had consolidated their position whilst numerous smaller spas had emerged and also become successful. Cures continued to be taken throughout the First World War both by civilians and by wounded and convalescing soldiers. In the first two years of the war 140,000 invalided servicemen were cared for in spa resorts and by the end of 1916 the state had commandeered 6,135 beds for officers and 37,045 for other

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ranks in spas throughout Germany.²³⁾ Spa remedies were used in their treatment; in the three years up to 1917 in Bad Kreuznach, for example, 81,000 baths were administered to the 18,000 convalescing servicemen.²⁴⁾ Figures for cures taken at four leading spas in 1912 and 1922 (Table I), show an increase in all but one resort; however, the political and economic crisis which followed the end of the war, the effects of wartime inflation and later hyperinflation drained the wealth of the nation and spas faced a crisis as their well-to-do guests stayed away.

TABLE I

	<u>1912</u>	<u>1922</u>	<u>1932</u>
Baden-Baden	78,684	85,531	58,033
Bad Nauheim	35,876	35,485	25,441
Reichenhall	15,900	21,000	16,174
Bad Salzungen	18,083	23,712	17,163

SOURCE: quoted in Hüfner, G., *Die Sozialkur und ihre statistische Erfassung* (Kassel, 1969), p.2

The First World War marks the beginning of a significant change in the sociology of cure-guests in Germany. Bad Ems, like many other resorts, provided cures for wounded and convalescing soldiers who did not belong to the affluent classes which previously frequented the spa. The war and Revolution of 1918/19 disrupted the traditional social, economic and political structure of Germany which underwent a painful process of 'democratisation' reflected in the visitors to spa towns like Bad Ems. The arrival of guests

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funded by the statutory insurance schemes was part of that process and provided an impulse for the extension of cures to all sections of society. The provision of cures as a statutory benefit grew out of health and welfare schemes introduced in the 1880s and, as we shall see, made advances in the 1920s when economic considerations helped to smooth the path to these exclusive resorts for guests from humbler backgrounds. The number of social cure-guests was, however, small and the majority of visits were paid for privately.

The period following the economic crisis of 1923 and before the Great Slump was one of relative prosperity. Cure-taking by private guests revived and at the same time the number of social cures gradually increased. By 1929 the total number of guests in Bad Ems matched that of 1910, more than 11,000. The Depression saw this number whittled down to six and a half thousand within three years.

Hitler's coming to power was greeted with optimism and, as the economy began to recover, so too did the number of cures. Whilst it would be wrong to speak of any great promotion of cures under National Socialism, nothing was done to reduce or adversely affect them. Indeed, losing no opportunity to extoll the progress made by the Nazis, claims were made both of advances in the science of balneology and in the extension of cures to workers, and figures for Bad Ems bear the latter

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out - in the 1930's at least 25% of all cure-guests were funded by the social insurance system.

Spas thus retained their popularity during National Socialism, and their emphasis on healthy living and natural remedies was compatible with the party's ideology. There were some changes in the structure of the umbrella organisation, as Cure Director Hane put it:

After 1933 the Federation of German Spas became the Reich's Tourist Association. The close association of the leading personalities in German spas remained, however, and with few exceptions were not too limited in their work...by the new leaders. The founding of the Reich's Institute for German Spas under the leadership of the well-known balneologist Professor Dr. Vogt, formed the initial phase for a great spa congress in 1934...Even if the scene at this and subsequent congresses before and...during the war was something other than before 1933 with various new faces and numerous uniforms, it must be said that the spirit of neutrality...towards all cure guests and concern with the health of the nation was maintained and protected by a staff of upright men.^{28>}

During the Second World War spa homes and clinics in Germany were once again used as military hospitals as well as providing cures for the civilian population. Bad Ems suffered no bombing during the war thanks to its protected status as a large military hospital base, and cures continued to be administered until 1945, when for the first and only time, none was taken.

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Defeat brought occupation, in Bad Ems initially by the Americans and then by the French. Throughout Germany the transport network was badly disrupted and the country was occupied by foreign powers in four zones which further restricted movement. Spas popular with Germans for many years were lost as part of territorial changes. There was, however, enough potential in the Western zones of occupation, which were transformed into the Federal Republic of Germany in 1949. Between 1945 and the founding of the Federal Republic of Germany spa visits began slowly to increase although shortages of fuel and food, restricted accommodation because of occupation, meant that in many cases resorts were hard pressed to provide even the most basic facilities.

The Federation of German Spas (*Deutscher Bäderverband - DBV*) was reconstituted and held its first congress in 1947. Statistics were collected at a national level from 1950 onwards and show 956,000 cure-guests for that year, rising to 1,648,000 by 1954.²⁶ However, annual changes in the classification system and the number of resorts submitting figures make any definitive analysis of this early war period problematic. Thus whilst the Spa Calendar for 1949 lists 239 spas only 170 submitted figures for 1950. New resorts were established within the Federal Republic and followed the time-honoured pattern of providing concert halls, parks and gardens and as reconstruction got underway from the late 1940's traditional resorts were able to take advantage of a

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new start, modernising and improving both technical equipment and social amenities. Many spas laid out golf-courses, constructed conference centres and built new indoor and open-air thermal swimming pools in an attempt to attract an even broader section of the population, particularly in the off-season months.

Most significantly for this study, the number of social insurance guests rose dramatically in the years immediately after the war. In Bad Ems just four years after 1945 there were for the first time more social cure-guests than private guests - a situation which has remained ever since - thus completing "the change from outstanding, elegant international spa to social welfare spa"²⁷ which began in 1923.

Since 1957 the number of social cures at a national level has more than doubled, from 593,000 to 1,250,000 in 1980. Private cures registered an even greater rise, from 1,691,000 in 1957 to 4,570,692 in 1979. This category is, however, rather vague in that many 'private' cures are, as we shall see in Chapter Two, subsidised and/or funded by agencies other than the statutory insurance bodies.

A cure still relies on the traditional methods of treatment of the application of mud and loam, bathing in and drinking of mineral water, massage, steam baths and inhalation coupled

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with exercise and in many cases a controlled diet. Spas in Germany are categorised into four distinct types:

- 1) Mineral and Mud spas
- 2) Coastal resorts
- 3) Kneipp spas
- 4) Climatic health resorts.

Social Insurance guests account for 49% of all guests in the first type of spa and 22% of all Kneipp spa guests. At coastal resorts, however, they only account for 9% and at the climatic resorts 7%.

The number of different insurance institutions in West Germany and the complexity of the insurance system could lead foreign observers to assume that these bodies are private, profit-seeking organisations. However, both the pension bodies and health funds are non-profit-making, autonomous legal entities subject to state supervision and intervention. Indeed state concern has both promoted the gradual extension of cures and, in times of economic recession, turned its attention to provisions when considering possible areas in which economies could be made.

Economic recessions have been reflected in spa visits since the Second World War particularly in the social cure sector. In 1968, for example, a downturn in the economy was reflected in a 17.5% fall in the number of social cures (180,000 less taken in 1968 compared with the previous year) and recovery was slow; it was not until 1973 that the 1967 figure was

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exceeded. 1974 was a boom year for social insurance cures, followed by a decline for the next three years. Again between 1975 and 1978 the oil shock and wider economic problems were mirrored in another decrease in the number of social cures. This second decline was intensified in 1977 by a re-adjustment to the rules regulating the granting of social insurance cures whereby a minimum waiting period of two years between cures was introduced.

Growing criticism of the provision of cures as part of state welfare benefits maintained that the fall in the number of social cures during the 1967-68 recession was an indication that not all cures were medical necessities. The second oil shock and the most recent economic recession in West Germany resulted in a reduction in state contributions for social insurance cures. Legislation introduced in 1982 demanded that the pension insurance bodies reduce their expenditure by 400 million Marks in that year and by 800 million by 1985 whilst the health insurance funds were ordered to cut their spending by 200 million Marks over the same period. The minimum waiting period between cures was raised to three years and excluded insurants over the age of 59.

In Bad EMS the effect of the 1982 *Kostendämpfung-Ergänzungsgesetz* was immediate and drastic. The number of social insurance cures fell from 8,159 in 1981 to 4,911 by the following year and to 3,953 in 1983 - the worst year for

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social cures for thirty-three years. Bad Ems had, however, survived many reverses in its fortunes in the past and was to do so again. Within two years the number of social cures had more than doubled and 1985 proved to be the best for ten years, thus compensating for the continuing decline in the number of private guests visiting Bad Ems since the Second World War, in 1985 lower than at any time since 1948. This latest development in Bad Ems underlines a theme central to this study - the relationship between the gradual extension of cures through the introduction and implementation of the statutory insurance schemes and the survival of spas in Germany.

Until now there has been no comprehensive analysis of the historical development of Germany's many spas and millions of cure-guests. I was, therefore, faced with considerable problems of having to bring together the evidence from a large variety of fields and sources. Accordingly, this study will try to integrate elements hitherto approached by a number of different disciplines and interests. In exploring the hypothesis that spas and cures have undergone a process of 'democratisation', the continued success and unique position of the cure as part of state health and welfare policy in the twentieth century plays a vital role.^{2e} An analysis of this development uses material provided by the social insurance bodies and the Federation of German Spas, in particular Gerhard Hüfner's *Die Sozialkur und ihre*

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statistische Erfassung. The opportunity of attending the Federation's annual conference provided valuable insights, particularly in the light of government spending cuts relating to cures which had just been announced. And state health and welfare policy in post-war Germany uses material produced by the Federal Ministry for Labour and Social Affairs.³⁰

Since cures at spas are prescribed for medical reasons one could reasonably expect the medical profession to have taken a special interest in the development of cures and spa treatment. Indeed, there is a specific branch within medical science devoted to the application of spa treatment - balneology. Curiously, however, the history of medicine seldom considers cures and spa treatment. This programme of research thus includes developments in health care, in the science of medicine and the role of practitioners, particularly Claudia Huerkamp's *Der Aufstieg der Ärzte im 19. Jahrhundert* and for Bad Ems, Moerschel's *Die Nassauischen Badeärzte in ihrer wissenschaftlichen und praktischen Tätigkeit*.³¹ From the vast array of specialist literature on the practices of bathing in and drinking of mineral water Dietrich and Kaminer's *Handbuch der Balneologie, medizinische Klimatologie und Balneotherapie*, Alfred Martin's "Historical Sketch of Balneology" and more recently Amelung and Evers' *Handbuch der Bäder- und Klimaheilkunde* together with the many publications of the Federation of German Spas provide

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detailed descriptions of the various forms of spa treatment. Interviews with spa doctors in Bad Ems, in particular those attached to the various clinics there, made sense of much of the rather technical specialist information.

A cure, however, involves more than the application of spa remedies. It is a medically supervised period of treatment and recuperation spent away from home without confinement to either bed or hospital. Moreover the cure-guest utilises the facilities and participates in the social activities provided by the spa. Thus an analysis of the cure in Germany requires more than a purely scientific approach - indeed the medical profession has increasingly become the focus for much broader discussions on aspects of health, illness and health care a wide ranging discussion of which may be found in Currer and Stacey's *Concepts of Health, Illness and Disease*²². Analyses and research conducted within the field of social and occupational medicine are especially relevant for this study, in particular the contributions included in Blohmke et al's *Handbuch der Sozialmedizin*.

Obviously two hundred and fifty spas, visited annually by millions of Germans, cannot be studied in their entirety. This is why I have decided to conduct a case study. The advantage of such a study of the spa resort Bad Ems, is that it not only allows a narrow focus and detailed investigation but also provides the material for a more general assessment.

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Again there is no social history of Bad Ems of this kind and the field is only just opening up.³³ However, the archival base was sufficiently promising with regard to Bad Ems to make a local case study appear to be viable. Sources were provided by the town's archives and spa administration. The archives house records of visitors in the form of *Kurliste* dating from the early 19th century as well as a complete library of books and articles on the spa's history. Local spa doctors have written extensively on the cure at Bad Ems and the works of Ludwig Spengler, *Der Kurgast in Ems* and Ferdinand Stemmler, *Bad Ems und seine Quellen* have proved particularly useful.³⁴ Local historians have also provided valuable information on the last century especially Albert Henche's *Bad Ems, Bausteine zu einer Ortskunde*, the many publications of Adolf Bach and the *Kleine Chronik von Bad Ems* by his daughter Gertrud.³⁵ The many visits to Bad Ems entailed much more than work in the archives. I also tried to gain a 'feel' for the place, and meeting the people who work, live and visit increased and enhanced my understanding of the town's development and problems. In other words, some of my evidence, especially in Chapter Six, relies on participant observation as a method of empirical social research. In analysing the social, cultural, economic and medical significance of cures in Germany particular emphasis is placed on the gradual extension of cures through the introduction and implementation of the statutory insurance schemes.

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The study begins with a social and economic history of Bad Ems until the end of the Second World War, by which time social insurance guests were enjoying the spa's mineral waters, formerly the preserve of a European elite. Here we shall therefore have to look at the changing sociology and economy of the town. Chapter Two analyses the development of cures as a provision of statutory social welfare measures, first introduced in the 1880's. Legislative changes made over the following one hundred years contributed greatly to the 'democratisation' of cures in Germany.

Chapter Three returns to Bad Ems after the Second World War and considers the impact of the social cure on the town. Once again the sociology and economic structure of the town will be considered along with decisions taken in the immediate post-war years concerning the future of the spa. The particular importance of spa doctors in Ems is analysed in the following chapter. Chapter Five continues the medical theme and studies the practices and techniques of spa treatment ending with an analysis of the most recent research conducted within the field of social medicine and leads on to the final chapter which considers the evolution of the doctor-patient relationship and presents a profile of the modern-day cure guest. The Conclusion will try to put our findings into a broader context of the development of German society and its welfare provision and culture.

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These themes are inter-related and each reflects both continuity and change within German society and more specifically, as the title implies, within German spa culture and the welfare state. Each chapter deals with a specific aspect and the theme is approached chronologically, analysing the historical development of the spa, the cure, treatment and the medical practitioners. In this way the study tries to bring together previously fragmented research and thereby provide a cohesive framework within which to examine the durability and popularity of cure-taking in Germany.

My interest in this problem stems from my six years of employment with Butlin's Holidays which, when I did my first degree, encouraged me to study that organisation as an example of the industrialisation of holidays. My research at that time included the development of holidays and the advent of mass tourism, and began by looking at spas in this country and their steady decline in the nineteenth century. My interest in spas was reawakened when I moved to Germany and found to my surprise that spas had not only survived but that the waters were being taken by an astonishing number of Germans each year. I became fascinated by what then seemed to me to be a peculiarly German habit of spending a holiday drinking mineral water or bathing in thermal springs under the direction of a spa doctor. I discovered that very little work had been done on the social history of spas and

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therefore decided to undertake a systematic research programme on this topic. After preliminary investigations it seemed that the best way to tackle the research would be to conduct a local study of a spa. I contemplated a number of the many spas in the area but decided on Bad Ems because the archives there seemed to have the most complete records. The almost total lack of any comprehensive research on the development of spas and the cure in Germany, particularly regarding their growth and success over the past fifty years, led me to pose a number of broader questions which this study will try to raise.

How did the relatively early introduction of statutory health and welfare benefits affect cure-taking and what is the relationship between spas and the emergence of the welfare state in Germany? Does the popularity of cures and spa treatment represent a particular, even culturally specific, concern with health and illness? How far is this related to the influence of specific interest groups, for example, the medical profession? The aim of this thesis is to examine such questions in the context of the hypothesis that the process of 'democratisation' which cures have undergone in Germany has ensured the survival of resorts such as Bad Ems.

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Bad Ems, since the Second World War part of the Rhineland Palatinate, lies in a narrow steeply-sided valley on the banks of the river Lahn. The town with its 11,000 inhabitants consists of what were, until the last century, three separate centres: the village Ems to the west and the spa to the east on the right bank and the village Spieß on the left bank.

Archaeological finds indicate a settlement at Ems dating from the Bronze Age, when the rich minerals and ore deposits were mined. The Romans established a garrison at Ems, mined precious metals, in particular silver, and also used the thermal mineral springs which rise approximately one mile from the village; springs which were to become a centre of economic and social activity in the town.

The village Ems, together with the surrounding forests and mines, became the property of the Elector bishopric of Koblenz in the tenth century and remained so until 1803. The edicts of canon law necessitated the appointment of a lay governor, an office held in the 12th century by the House of Nassau. In the centuries that followed Nassau became increasingly powerful, ruling alone until the 15th century, for a short period jointly with the House of Katzenelnbogen and finally,

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from the late 15th century until the 19th, together with the House of Hesse.

The oldest church in the village, believed to have been built in the 12th century, was Roman Catholic until the Reformation. From the 16th to the second half of the 17th century there was nowhere for Catholics to worship, and when re-established the first chapel was sited in Spieß. The villagers of Ems farmed the land, cultivated wine and worked in the mines. In the 17th century the population was cut by two-thirds following the Thirty Years' War and a series of plagues and the village was described as "an agglomerate of miserable huts in which, at best, the cure-guests could leave their horses."¹ Very little remains of the village that pre-dates the 18th century, having suffered a number of fires in the late 17th and early 18th centuries. In 1712 all but three of the sixty houses burned down and the last serious fire, in 1720, "razed the church, the school house and a further 46 of the best houses to the ground."² Despite these problems, the village grew and the population increased and numbered 790 by 1823. The spa centre was considerably smaller, having a population of 409 in the same year.³ It was described as relying wholly on visitors, with hotels and private houses providing accommodation for guests, shops offering a wide selection of luxury goods as well as cafés and restaurants for their amusement and relaxation.

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At the beginning of the 19th century the bishopric in Koblenz lost the last of its rights to the nobles of Nassau and Hesse-Darmstadt and in 1815, as part of the Congress of Vienna Settlement, Ems became part of the newly created Duchy of Nassau. In 1822 the village and spa were officially united and there followed a period of peace and stability which lasted for nearly fifty years when the town benefited from the centralised administration and government. The town's income and expenditure rose considerably under Nassau's rule (see Table I), from which the spa profited more than the village, much being spent on strengthening the banks of the river, improving pavements, laying roads and drains etc. Streets in the spa were lighted and a lamp-watchman employed to "take care of the lanterns."⁴

TABLE I

INCOME AND EXPENDITURE IN
BAD EMS 1800-1864 (in Gulden)

	INCOME	EXPENDITURE
1803	2,554	4,657
1813	4,570	4,802
1825	16,775	7,029
1835	22,657	17,711
1845	24,702	24,764
1855	29,237	24,953
1864	62,932	64,690

SOURCE: Henche, A., *Bad Ems. Bausteine zu einer Ortskunde* (Bad Ems, 1927) pp.352-353.

The 1830's witnessed a building boom in the spa centre, a new *Kursaal* was completed and many houses and pensions

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constructed, increasing available accommodation to 1,630 rooms for rent by the end of the decade^{6>} and to 3,000 by 1860.^{6>} Permanent residents in the spa were predominantly middle-class people who spoke High German,^{7>} and by 1866 the population in the spa had risen to 1,733.^{8>}

Spieß, on the left bank of the Lahn opposite the spa centre, was part of Oberlahnstein until 1876 and was mainly farming land. In the 17th century a Catholic chapel was built - belonging as it did to the Catholic Electorate in Mainz. In the 18th century there were approximately two hundred communicants, mainly farmers.^{9>} The 19th century saw plans to construct a church in Spieß, but this was eventually built in Ems in 1876 - the year that Spieß was ceded to Bad Ems. Spieß was linked to the spa centre in 1821 by a ship-bridge and by a permanent construction in 1857. From the first quarter of the 19th century the left bank of the Lahn was gradually developed to provide further accommodation for the growing number of guests visiting the spa and many villas and large houses were built. The railway line was laid on this side of the Lahn and the station sited in the centre in the village.

The population grew in all three centres throughout the 19th century: from a combined total of 912 in 1818 to 6,791 by 1905, and quickly became by far the largest of the seven communities in the area. In 1818 only 22% of the local

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population lived in Bad Ems, but by 1871 55% was concentrated there. (see Tables II and III)

TABLE II

POPULATION OF BAD EMS

1818	912	1871	5,464
1830	1,666	1885	6,731
1840	2,120	1895	6,222
1850	2,411	1905	6,791
1864	3,544	1939	7,726

SOURCE: 1818-1853, Spengler, L., *Der Kurgast in Ems* (Wetzlar, 1860) p.112.
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TABLE III

POPULATION OF SEVEN COMMUNITIES IN BAD EMS AREA

	<u>1818</u>	<u>1835/46</u>	<u>1871</u>	<u>1905</u>	<u>1939</u>
BAD EMS	912	2,551	5,464	6,791	7,726
WASSAU	1,353	1,615	1,963	3,104	4,145
DAUSENAU	650	739	787	716	798
FACHBACH	248	437	760	709	751
NIEVERN	328	525	735	817	799
OBERNHOF	240	324	295	270	376
WEINÄHR	353	438	444	388	460

SOURCE: Statistisches Landesamt Rheinland-Pfalz
Die Bevölkerung der Gemeinden in Rheinland-Pfalz 1815 bis 1980
 (Bad Ems, 1982) vol 299, pp.64 and 65.

At the beginning of the 19th century the religious conviction in the community was overwhelmingly Evangelical with a small Catholic population of approximately 200 in 1840, 100

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representing under 8%. Over the next twenty-five years there was a large increase in the number of Catholics, reaching 29% by 1866¹¹ and more than 33% by 1885.¹² The increase in the population and the growing number of visitors led to the construction of four new churches in the nineteenth century, one Catholic, one Evangelical, one *English Church*, and one Russian Orthodox, joining the two existing ones - one Evangelical and one Catholic. The Jewish population also grew from the beginning of the century and a synagogue was opened in 1837.

Despite the official union of the village and spa and its status as a town from 1863 there were considerable divisions between them.

The narrowness of the valley, the exclusiveness of the spa's old traditions and the village's special economic position...the social imbalance of interests and energies of the inhabitants, who have pursued their separate ways - of the cure and mining and agriculture - all this still forms...a real demarcation line between the village and spa.¹³

Many of the spa's amenities and entertainment facilities excluded the working population by warrant of price alone and, for example, waiters and servants were barred entry to the casino and games rooms.¹⁴ By-laws forbade begging or touting in the spa centre or at the railway station as guests arrived and there were complaints about the beggars and prostitutes attracted to the town by the wealthy visitors.

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At the end of the 1820's the local vicar wrote to the regional government expressing deep concern over the "scandalous trade of immoral females, legalised ... by Koblenz" to be found in a house "right on the street where children pass each day on their way to school."¹⁵ Spa director Hehl criticised the vicar as too narrow, and wrote of the "~~mala~~ necessaria in mundo" and pointed out that there was even a brothel in the home town of the bishop. The government, anxious to avoid a public scandal, issued an order prohibiting soliciting on the streets and recommending regular medical examinations for the prostitutes. The problem of "obtrusive beggars" caused the spa authorities to "fear for the spa's reputation for public safety" in the 1850's¹⁶, particularly for guests walking in the Malberg woods, and whilst the number of thefts was reportedly down by 1859¹⁷ six years later it was reported that "with the increase in the number of visitors there has also been a rise in the number of frauds and cheats in Ems."¹⁸

Shops in the spa offered luxury goods at high prices. In the mid-18th century it was said that, "Ems shop-keepers and businessmen are still very expensive, only too often excessive prices are charged, particularly by tailors, which are 300% higher than the normal price in larger towns."¹⁹

Some people obviously profited from employment generated by the spa's popularity. In the 1840's the Commissar reported

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that "even the poorest class of people in the area has an important source of income by providing donkey rides" and that the townsfolk had become "decidely more refined" and less "common...in earlier times there were no sofas or other respectable furniture in any private house. Now there is elegant furniture...many new, beautiful houses...and the old ones painted and made more pleasing to the eye."²⁰ Nevertheless, social stratification sharpened as, for example, many of the traditional festivals of the village died out during the 19th century and their place was taken by social events in the spa "which no longer, however, involved the whole community."²¹

The requirements of the spa even influenced decisions on education and when in 1846 the first intermediate school was being set up in the village the application emphasized that:

In a spa as this, in which cure-guests from all countries and classes are concentrated, there appears to be a pressing need for all inhabitants who come into contact with visitors to have a wider education than would normally be necessary, namely to be competent enough in French and English so that they can communicate with the cure-guests and fulfill their wishes.²²

It would appear that some inhabitants at least were quite happy to maintain the language barrier. Profits were increased by "misunderstandings" about which the guests complained. In the middle of the century the local commissar wrote to the regional administration that, "it is,

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unfortunately, a well known fact, that foreign cure-guests who cannot speak German are often swindled by a large part of the inhabitants here,"²³ as in the case of "an English family, charged 117 Thaler for a two-hour rest in a room at the hotel Stadt Wiesbaden."²⁴

The general supervision of the town by a commissar - first appointed in 1810 - whose duties were extended in 1858 to cover the position of spa director, concerned the maintenance of public order and safety and more specifically the "removal of any disadvantageous influences"²⁵ which could spoil the pleasures enjoyed by visitors to the resort. And a succession of commissars clearly pursued the interests of the spa throughout the 19th century.

By the mid-nineteenth century the town was flourishing with its dual economic structure - mining and activities connected with spa treatment and the provision of cures. How did the socio-economic structure of the town develop? A census conducted in 1863, when Bad Ems was officially designated a town, reveals a total of 2,765 persons employed in the town (see Table IV), of which 1,536 were craftsmen and blue-collar workers and 1,229 white-collar workers, professionals and those employed in service industries, including 940 servants.

Of the 1,300 miners only 174 lived in Bad Ems. Crafts such as smiths, cartwrights and sadlers had declined since the

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turn of the century - particularly since 1857 and the coming of the railway to Bad Ems - whilst "along with public employees, there had been an increase in work connected with the cure as well as tailors, drivers and butchers."²⁶ Tradespeople in particular flourished with the increase of visitors and even in 1847 it was claimed that whereas "earlier the inhabitants had to live more from agriculture and crafts, now the cure is the main business."²⁷

TABLE IV

OCCUPATIONAL STRUCTURE OF BAD EMS: 1863

Miners	1,300
Servants	940
Craftsmen	197
Staff at Lodgings	124
Shop Staff	46
Innkeepers	43
Farm Workers*	33
Foremen at mines	24
Staff at baths	20
Butchers	20
Teachers	8
Doctors	7
Clergy	3
	<hr/>
	2,765

* of whom 29 also acted as coachmen

SOURCE: based on Henche, A., *Bad Ems. Bausteine zu einer Ortskunde* (Bad Ems, 1927) p.93.

Whilst employment during the 19th century relied increasingly on visitors to the spa, this was neither the sole means of income for the inhabitants nor were the financial ties such as to alter the social structure of the town fundamentally. As mentioned above, in the 19th century the village Ems, the spa and Spieß were separate entities with diverse economic

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bases - particularly the village and spa. And although the three centres grew and merged there was a "considerable difference in milieu"²⁹ between them.

Until the Second World War mining around Ems also played an important role in the economic structure of the town. Minerals and ore, particularly lead and silver, had been mined in Ems for centuries. By the 19th century Germany's rapid industrialisation and improved mining techniques resulted in a dramatic rise in mining and smelting activity in Ems which provided a considerable number of jobs and contributed to the town's economy.

In the 18th century 10% of tax-payers in Ems worked in the mines, although until the mid-nineteenth century the number employed in the industry never exceeded 300.²⁹ At the end of the 18th century the mines and smelting works came under the ownership of one company, Remy, Hofmann and Co., which later (1872) became a limited company, with members of the Remy family as major shareholders, *Aktiengesellschaft des Emser Blei- und Silberwerke*. From the middle of the century until the end of the eighties the output of lead products rose, from 167 tons in 1850 to 5,952 tons by 1881,³⁰ and the company recorded profits, in 1875 for example, of 1.65 million Marks.³¹ In 1880 the mines and smelting works employed 1,634 workers. A fall in the price of metal, particularly zinc, at the end of the 1880's brought about

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redundancies and cuts in wages which together with the closure of one mine resulted in a fall in the number employed to 1,046 by 1894.^{32>} Many mine-workers travelled from distant villages to work, and up to the 1860's more workers came from surrounding districts than from the town of Ems. For this reason the company built homes for workers in the Emsbach valley, creating the settlements of Fahnenberg, Eisenbach and Pfingstwiesen. In 1882 two-hundred and two homes were available, all but five of which were occupied.^{33>} Twelve years later the number of available homes had been reduced and twenty were empty following the slump in the industry. As well as these homes the company provided dormitory accommodation in hostels for men staying overnight. In 1881 444 beds were available in eighty-six rooms, a number which had been reduced to 325 by 1894 and of which 142 were unused.^{34>}

In 1866 the education of the mine-workers' children also became the concern of the company and a school room was set up for the fifty-four children of school age, for whom the walk to the village of Ems, 1.8 kilometres, was considered too far and too dangerous. A second room was opened in 1872, and in 1875 work began on a purpose-built school, completed in 1876. Lessons were given only to the children of mine-workers and schooling was compulsory for all until the age of seventeen. In 1881 157 children attended the school.^{35>}

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The company considered wages to be higher than average in Germany, "but not higher than they ought to be in the interest of the worker and, therefore, in the interest of the company."³⁶ And although the mine-workers and their families were, in the main, accommodated outside the town, indeed at some distance from the spa centre, there is evidence that important economic links existed between them.

Whilst meals were provided for workers in the hostels, all other needs were catered for by the shops in Bad Ems. With so many workers this must have accounted for a considerable amount of business, particularly in the village, and the setting up of a *Consumverein* (co-operative store) in 1875 gave rise to a certain amount of friction between the mining community and local shopkeepers. Trade with the workers and their families had to a great extent been conducted on a credit basis, which meant that they were often heavily in debt to local tradespeople. The success of the co-operative was, therefore, dependent to a large extent on loosening these financial ties. The company complained that the system of obtaining goods on credit in the town, "with all its harmful effects, had developed to a high degree here because of the cure industry."³⁷ However, such credit transactions were not a specific feature of a spa town, but rather of the predicament of many low-paid workers.

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The company reported resistance to the scheme in the early years caused, it was claimed, by "the mistrust harboured by workers towards the co-operative [which] was fueled by local tradespeople, who feared competition."³⁸ "Adverse propaganda by commercial interests in the town",³⁹ consisted mainly of threatening the immediate calling in of all debts should a worker join the scheme. And it would appear that these were not idle threats since the company soon had to introduce a system of loans in order to free workers from their obligations to local tradespeople.

In the first year only thirty-nine white-collar and thirty-four blue-collar workers joined the scheme. One year later the total was 233, and following the introduction of the system of loans in 1878, membership rose to 429. In 1877 the co-operative opened its own bakery, and produced such cheap bread that shops in the town were forced to reduce their prices in order to compete. The original plan was to sell only to mine-workers and their families, but townsfolk soon came, much to the chagrin of local shop-keepers, and in 1882 the co-operative officially changed its policy to allow anyone to join the scheme. In 1882 42% of sales were to non-mine-workers.⁴⁰ The range of goods was quickly expanded, "above all because the tradespeople [in the town] were unfriendly towards co-op members who only bought the odd item from them."⁴¹ The store stocked wine, and in 1880 a shoemaker was employed. All this would clearly have been

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extremely unpopular with the trades people of Bad Ems and may well have heightened existing misgivings concerning the mines and their effect on the town's springs at a time when the spa had become one of Europe's most fashionable and popular resorts.

Tensions between the town's two main sources of income became public during a long-lasting dispute over the mineral springs which began in the 1880's. The spa authorities, concerned by a deterioration in the quality and quantity of the springs, called for an investigation into the effects of mining activity particularly on the rate of flow, which had begun to fall; one spring, the *Kränchen*, had fallen from 2.5 cubic metres per minute in 0.8 by 1879. The State Geological Department's report, published in 1883, studied one mine in particular, the *Neuhoffnung*, where excavations were begun in 1865. It found no evidence of a connection between mining activity there and the decline in the springs, and recommended relaying and repairing the ducts of the mineral water springs. Some work had already been carried out in 1880 and a temporary improvement registered in the flow rate. However, the report was not accepted as conclusive by the spa authorities and despite its emphasis on the economic importance of the mines the *Neuhoffnung* was shut down in 1882. Closure of the mine was ordered by the Prussian Spring Authority which applied a Royal Decree of the Kingdom of Nassau (1860) that forbade any undertaking in the vicinity

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of the mineral springs unless it was, "beyond all doubt that such work did not damage the springs."⁴² The loss of the mine, made worse by the fall in metal prices, resulted in wage cuts and unemployment and it was not until the twentieth century that production increased. The closure of the *Neuhoffnung* mine has been seen as the start of the decline of the mining industry in Ems,⁴³ however it is more significant as the first official clash between the spa and the mines.

Despite the closure of the *Neuhoffnung* mine the flow rate of the springs continued to decline and subsequent investigations established that the whole system had been damaged by increased building activity in the town. Work was undertaken to remedy this by modernising the ducts; nevertheless, the suspicion remained that the mines were to blame. Subsequent applications for the re-opening of the *Neuhoffnung* mine were rejected until 1909, when the duct system had been completely repaired, on the grounds that this could damage the springs.

By 1910 the mines and smelting works at Ems were producing 3.5% of German demand and by 1913 employed more than 700 men. The country's need for metals, particularly during the First World War, resulted in a shift in favour of mining activity and antagonisms did not flare up again until 1923 when an application was made to sink the *Neuhoffnung* mine to a deeper

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level. There followed a profusion of "expert" studies, few conducted by disinterested parties, and accusations and denials flew between the spa authorities and the mining company. The most neutral report stems from the National Geographical Office which investigated the claim that mining activity in Ems was responsible for the poor flow rate of the mineral springs. The spa administration's report blamed the mines and the mining company and regional mines office blamed the duct system and the recent construction of a weir down river from the spa. The reports were collected together and published in 1929. The findings were inconclusive, that is to say each report claimed to have found incontrovertible proof to support their own case. The result of the conflicting evidence and wider economic requirements was that no decision was taken on the future of the mines.

During National Socialism mining activity increased. Germany's need for raw materials and the requirements of the armaments industry made the mines more important and no further clashes between the two industries occurred. In 1933 639 men were employed in the mines, and by 1940, 936. Over the same period output of zinc in one mine alone rose from 12,707 tons to 16,024,⁴⁴ and overall production by 20%.

The mines continued to produce until January 1945 when electricity failed and the mines were flooded. After the Second World War it was considered too costly to put the

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mines in order, and the majority of the men employed had to find alternative work.

Both mining and cure-taking had co-existed happily for the major part of their history and antagonisms arose with the development of each sector into an industry. During the two World Wars national requirements of raw materials resulted in rises in output and employment in the mining industry, however in the long run it was the spa which survived. At the beginning of this century it was already the case that,

Ems possesses no manufacturing industry besides the considerable establishments of a lead and silver mine...some inhabitants are farmers but most of them depend on such branches of industry as are connected with the use of the hot springs.⁴⁵

The hotels, inns, cafés, bathing houses and the spa treatment centre provided a considerable amount of employment. In the 19th century much of this would have been seasonal and this partly explains the persistence of the dual structure. One small but profitable industry did, however, operate during the winter months - the bottling of Ems water and the production of *Emser Pastillen*. In the 18th century the town was already exporting "many thousands of pitchers of Ems water"⁴⁶ and in 1781 it was recorded that 20,000 pitchers were sent by river all over Germany.⁴⁷ By the turn of the this century, three and a quarter million bottles of Ems water were produced and "exported in large quantities, even to Rio de Janeiro in South America."⁴⁸

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In the middle of the last century production also began of *Emser Pastillen*. A group of French businessmen from Vichy first applied for a licence to produce such pastilles in 1850 but were turned down in favour of a proposal put forward by three local men, Haßlacher, a steward, Dr. Spengler, a spa doctor and Weber, a local pharmacist. The first pastilles, recommended to alleviate all forms of catarrh, appeared in 1858 and were advertised in the *Kurliste*. The pastilles were made at Haßlacher's home using water from one of the mineral springs, boiled up in kettles together with sugar and a binding agent. The Haßlacher children made the boxes, lined them with tissue paper and packed the pastilles, giving the dosage in three languages. Soon demand was so great that the children could not cope and a woman was employed during the winter months. "Sales rose so rapidly that earnings were soon greater from the pastilles than from the water and treatments at the pump rooms."⁴⁹ In 1862 22,193 boxes were sold and by 1868 sales had risen to 66,199.⁵⁰

Towards the end of the sixties, when Bad Ems had come under Prussian administration, Weber began to produce a rival brand of pastilles using the *König Wilhelm Felsenquellen* mineral spring water. For forty years the two manufacturers competed, at times acrimoniously, "in a small, costly war, with reports, analyses and experts"⁵¹ each attempting to discredit the other. The pastilles were very similar in appearance - both oval and stamped with the word *Ems* - only

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close inspection of the boxes could determine any difference. The popularity of the pastilles was, however, such as to accommodate the rivals and it was not until a further producer entered the scene at the beginning of the 20th century that the local authority intervened. Following an inquiry the *Felsenquelle* company sold up, and the most recent pastille producer, son of the spa director, bankrupted. A new spa director had to be installed who set about improving the production process. In 1907 the pastilles were given a new trademark, and production reached 60,000 packets per annum.⁵² The range of products was gradually increased, and following a period of low production during the First World War caused by a lack of necessary materials, reached sales of half a million packets by 1931 and over one million by 1938.⁵³

So far we have concentrated on the inhabitants of Bad Ems. The employment structure has already given some indication of the peculiarity of the spa - the gradual focus on and concern with the provision of services for visitors. Now the guests and their impact on the town will be considered.

Pimlott⁵⁴ identified three main factors in the development of a fashionable resort in England in the eighteenth century: "the approval of the medical profession, Court patronage, and local enterprise,"⁵⁵ all of which played a vital role a century later in Bad Ems. Before considering the qualitative

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aspects behind visits to spas in the nineteenth and early twentieth centuries, the following section will first look at the quantitative data provided by lists of guests, drawn up and published in Bad Ems, which, between 1857 and the First World War, included the home town/nationality, title and/or profession of guests. Table V shows the number of cures taken at Bad Ems between 1817, the first year that the *Kurlist* was published, and 1856; Table VI guests between 1857 and 1914, broken down into foreign and German cure-takers.

Research is in progress in Germany⁵⁶ compiling an analysis of this pre-1914 information, and preliminary work on the male visitors shows an increase in visits of the nobility from 110 in 1838 to 125 in 1886 and then a fall to 58 by 1902. Men with the title "von" increased from 74 in 1838 to 161 in 1886, and again their numbers fall by 1902 to 85.

TABLE V

GUESTS AT BAD EMS 1817 to 1856

1817	652	1827	1,536	1837	3,071	1847	4,535
1818	817	1828	1,561	1838	3,489	1848	2,166
1819	872	1829	1 966	1839	4,556	1849	3,732
1820	954	1830	2,413	1840	5,225	1850	5,346
1821	1,171	1831	2,260	1841	4,912	1851	5,308
1822	1,343	1832	2,527	1842	3,805	1852	5,161
1823	1,192	1833	2,940	1843	3,895	1853	5,124
1824	1,140	1834	3,306	1844	4,210	1854	5,063
1825	1,568	1835	2,810	1845	4,590	1855	5,595
1826	1,601	1836	3,038	1846	4,303	1856	6,358

SOURCE: Kötz, G., "Besucherzahlen des Emser Bades im 19. und 20. Jahrhundert" in *Nassauische Annalen* vol 82. (Wiesbaden, 1971), p.371.

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TABLE VI

GUESTS AT BAD EMS 1857 to 1914

<u>YEAR</u>	<u>GERMAN</u>	<u>FOREIGN</u>	<u>TOTAL</u>	<u>YEAR</u>	<u>GERMAN</u>	<u>FOREIGN</u>	<u>TOTAL</u>
1857	3,099	3,513	6,612	1886	6,945	2,928	9,873
1858	2,432	3,659	6,091	1887	7,939	2,813	10,752
1859	2,427	2,723	5,150	1888	7,293	2,540	9,833
1860	3,058	3,347	6,405	1889	6,846	2,388	9,234
1861	3,309	3,712	7,021	1890	7,759	2,829	10,588
1862	4,177	2,922	7,099	1891	7,128	2,594	9,722
1863	3,994	3,441	7,435	1892	6,973	2,504	9,477
1864	4,333	3,186	7,519	1893	6,754	2,227	8,981
1865	4,664	3,172	7,836	1894	6,865	2,609	9,474
1866	2,043	1,063	3,106	1895	7,299	2,962	10,261
1867	6,497	3,316	9,813	1896	6,980	2,423	9,403
1868	5,714	5,037	10,751	1897	7,389	2,500	9,889
1869	5,401	4,904	10,305	1898	8,553	2,608	11,161
1870	4,318	2,826	7,144	1899	8,410	2,803	11,213
1871	7,637	4,095	11,732	1900	8,554	2,931	11,485
1872	7,208	4,243	11,451	1901	8,071	2,744	10,815
1873	5,395	4,760	10,155	1902	7,555	2,676	10,231
1874	6,017	3,728	9,745	1903	7,420	2,544	9,964
1875	6,525	3,447	9,972	1904	7,549	2,238	9,787
1876	5,797	3,114	8,911	1905	8,212	2,440	10,652
1877	5,851	2,327	8,178	1906	8,630	2,609	11,239
1878	5,671	2,518	8,189	1907	8,715	2,933	11,648
1879	6,377	2,812	9,189	1908	8,620	2,679	11,299
1880	6,534	2,952	9,486	1909	8,469	2,771	11,240
1881	6,299	2,932	9,231	1910	8,288	2,788	11,076
1882	6,302	2,992	9,294	1911	8,132	2,724	10,856
1883	6,794	2,725	9,519	1912	7,311	2,692	10,003
1884	6,685	2,792	9,477	1913	7,915	2,792	10,707
1885	6,653	2,751	9,404	1914	5,379	1,805	7,184

SOURCE: 1857-1899: Kötzt, G., "Besucherzahlen des Emser Bades im 19. und 20. Jahrhundert" in *Nassauische Annalen*, vol 82, (Wiesbaden, 1971);
 1900-1914: in Billaudelle, K. (ed.), *Die Natur- und Kulturlandschaft von Bad Ems* (Bad Ems, 1979) pp.153-154.

Throughout the sixty-four years between 1838 and 1902 businessmen made up the largest category, representing a steady 20% of all male visitors for whom a title or profession was recorded. Over the same period the number of

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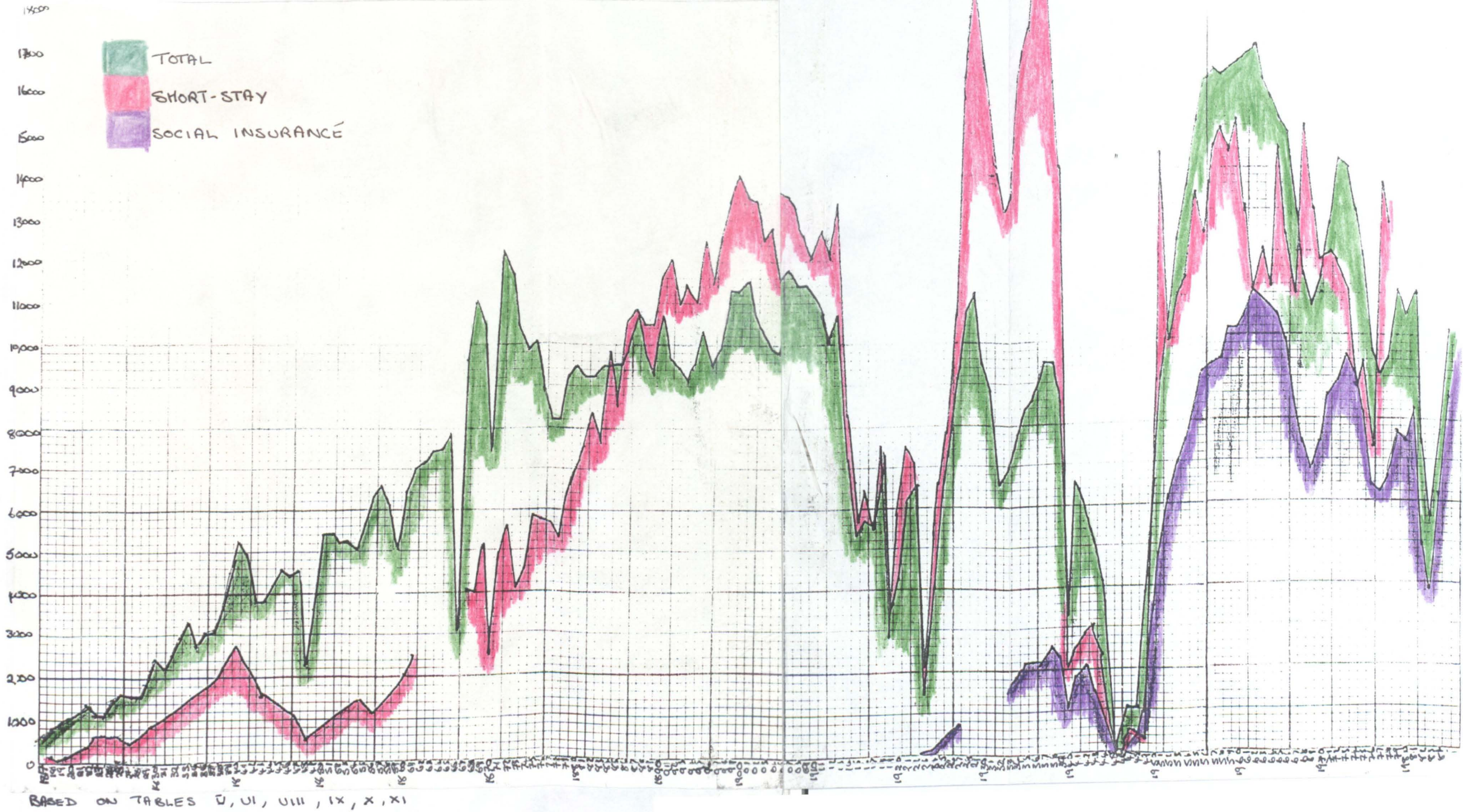
factory owners increased from less than 1% to more than 5%, teachers from 0.7% to 3.3% and *Angestellte* from 0.7% to 2.6%. The percentage of public servants (including those employed by the post and railways, but not doctors, teachers, engineers, clerics or artists), fell from over 10% to 6%, and there were fewer military officers by 1902, 1.9% compared with 10.9% in 1838. The percentage of those on private incomes, pensioners and property owners also fell, from 12% in 1838 to 9.5% by 1902. The professions - doctors, dentists, pharmacists, lawyers, university professors, members of parliament, consuls, senators and diplomats were always represented, and whilst some male guests registered as workmen, in 1838 of the five so listed three were hairdressers and two watch-makers, and included in the fourteen in 1902 there were goldsmiths and furriers - highly skilled workers.

Graph I illustrates the steady increase of guests during the 19th century which encouraged a building boom and improvements to facilities in order to provide suitable accommodation and entertainment for "sovereigns and other exalted personages who annually visit...among who [sic] are the Emperor and Empress of Russia, the King of Hanover etc.,"⁵⁷ as well as the "artists, scholars, military and well-off private citizens,"⁵⁸ who came to take the waters at Ems.

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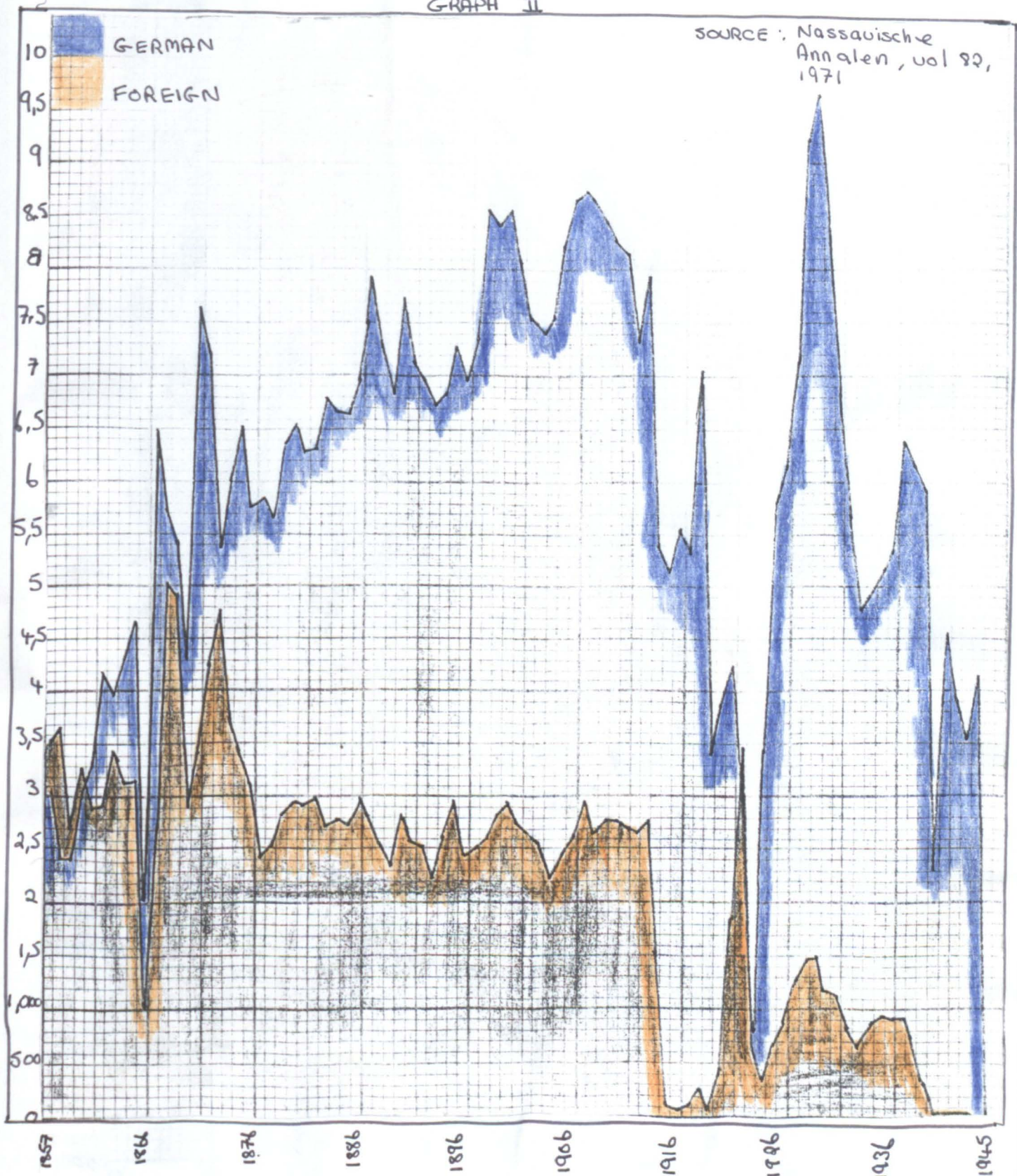
GRAPH I



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GRAPH II



1,400 1470

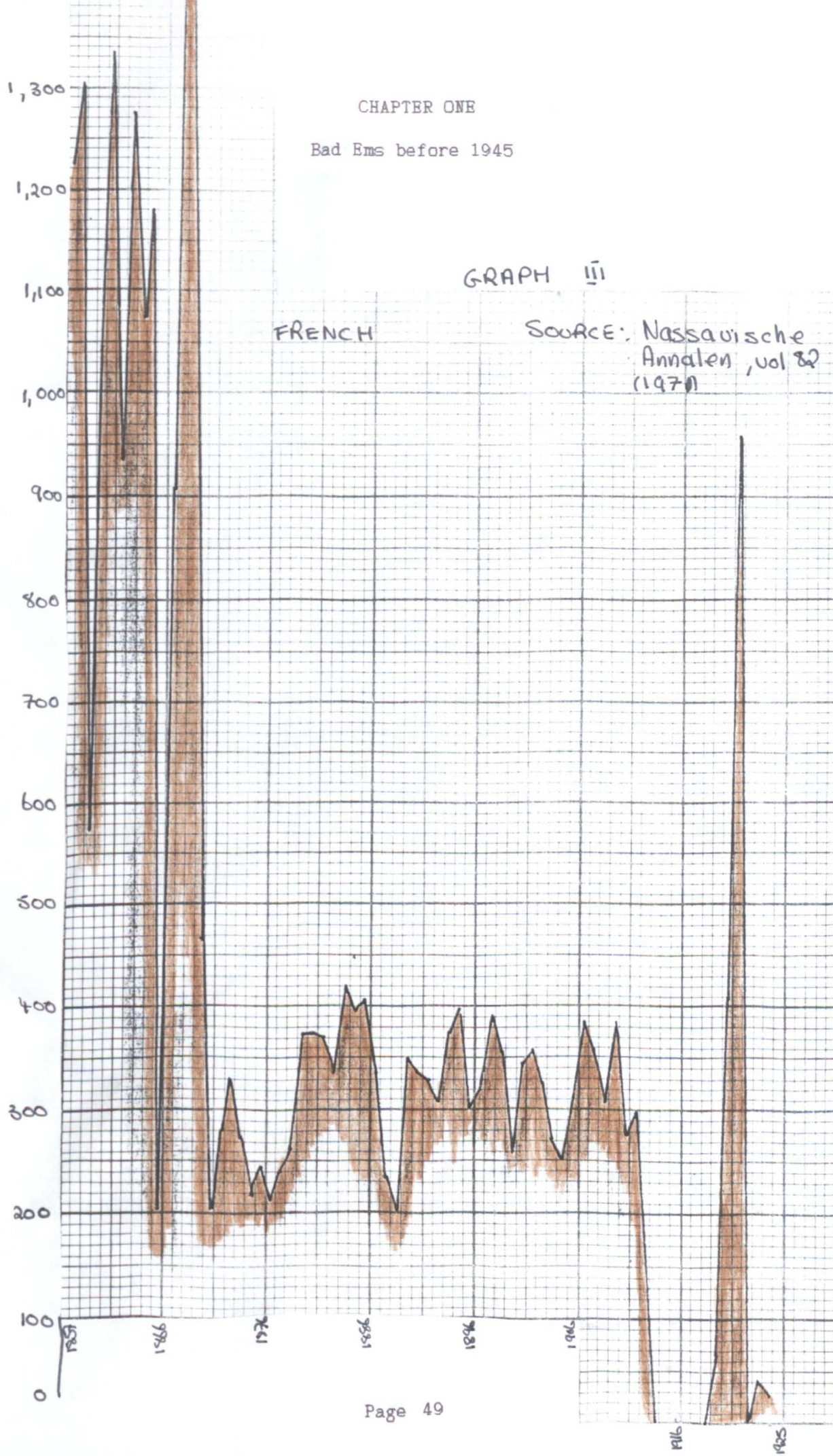
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GRAPH III

FRENCH

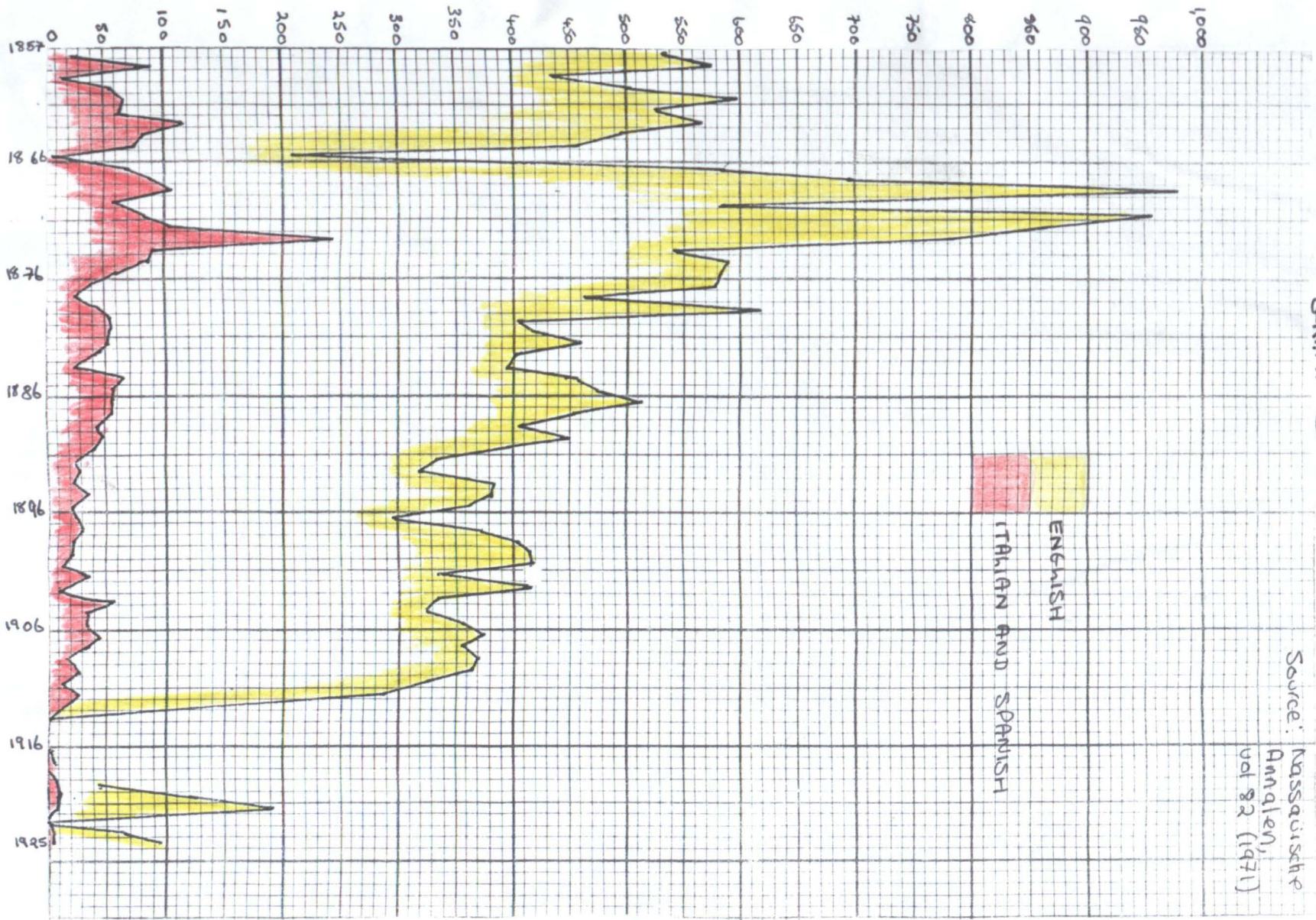
SOURCE: Nassauische
Annalen, vol 82
(1970)



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GRAPH III

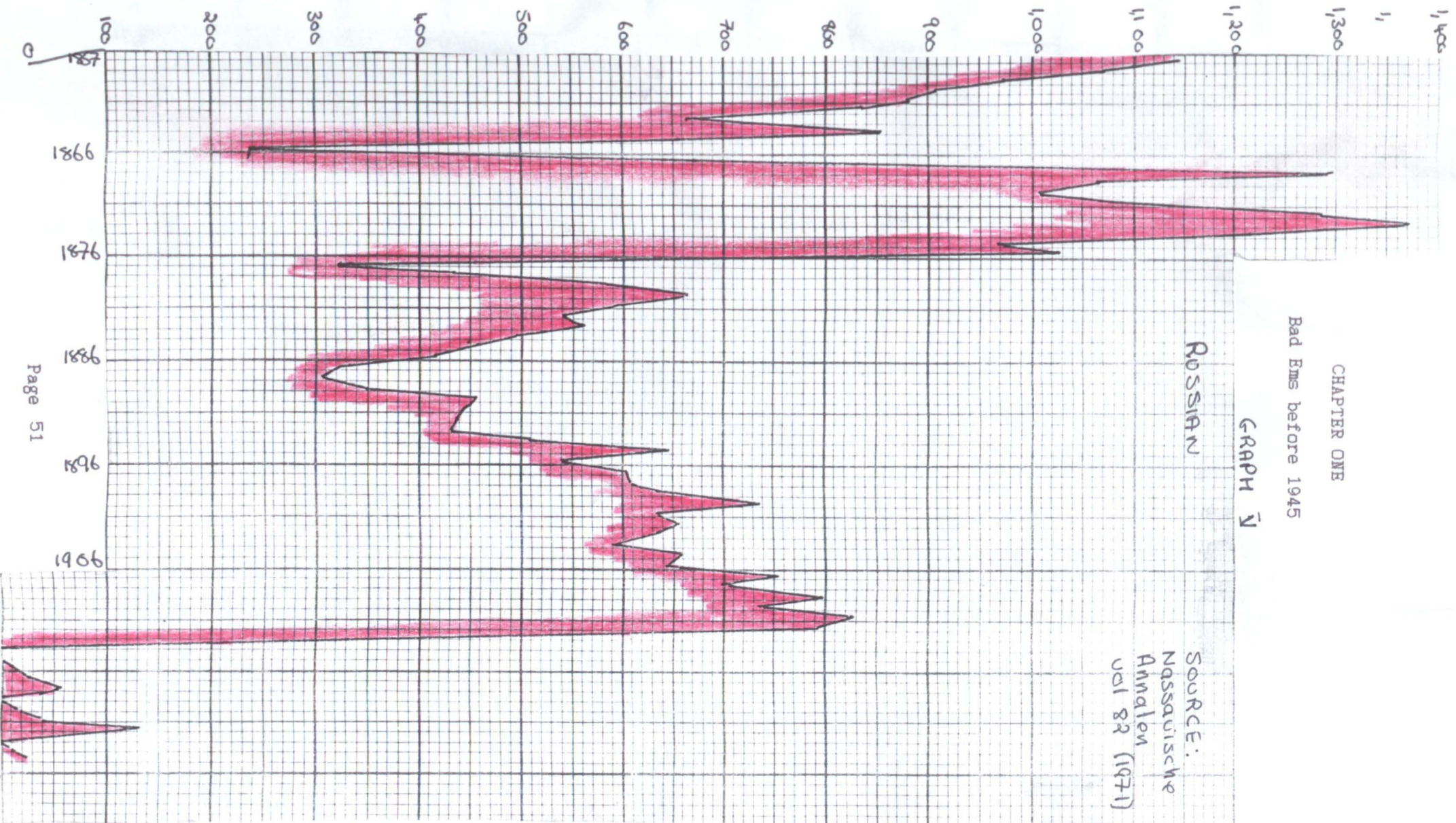


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Bad Ems before 1945

GRAPH I

RUSSIAN

SOURCE:
NASSAUISCHE
ANNALEN
vol 82 (1971)

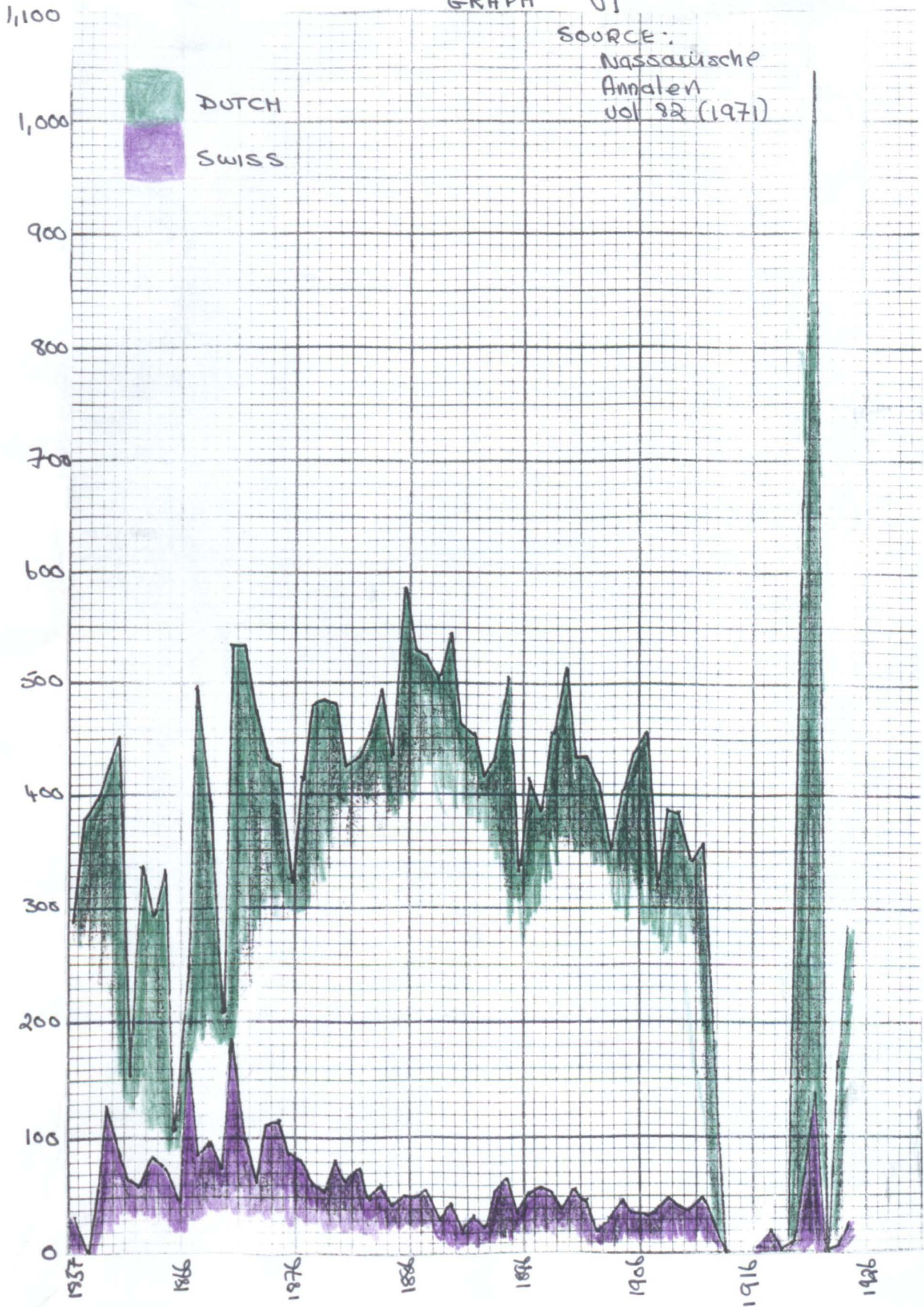


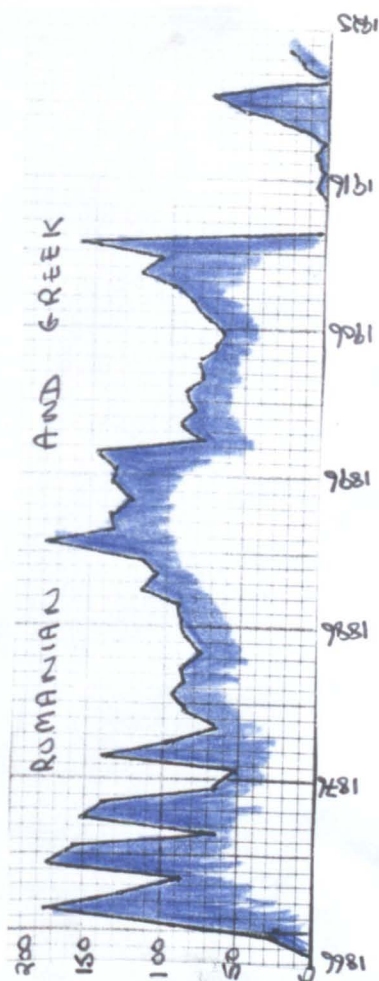
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GRAPH VI

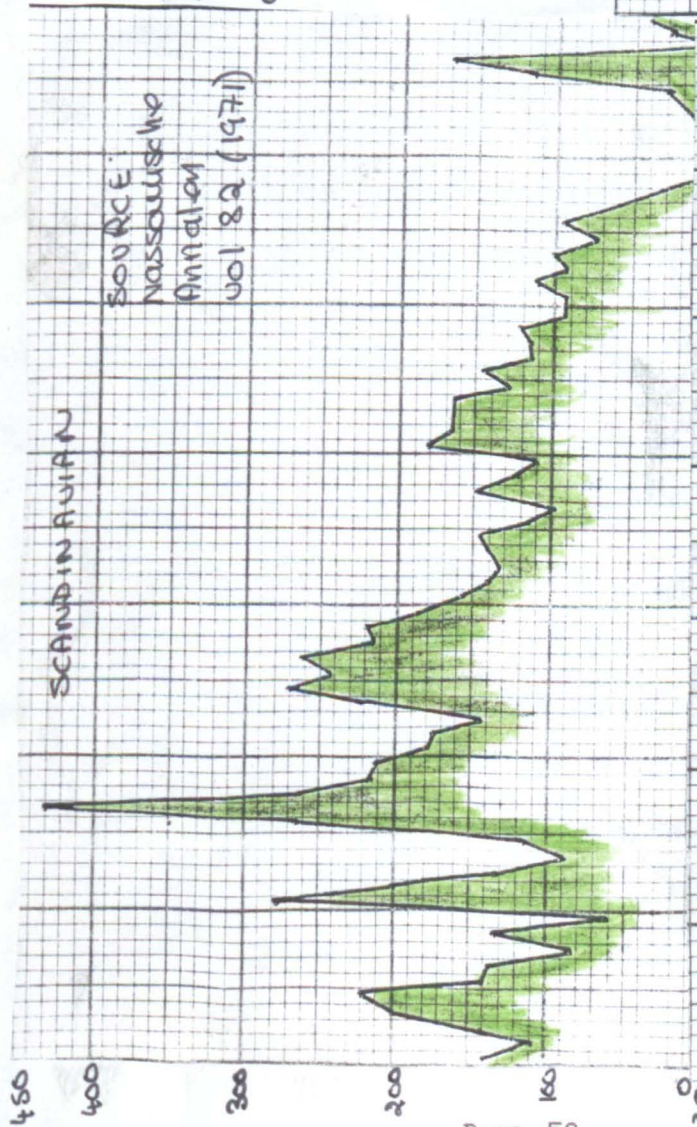
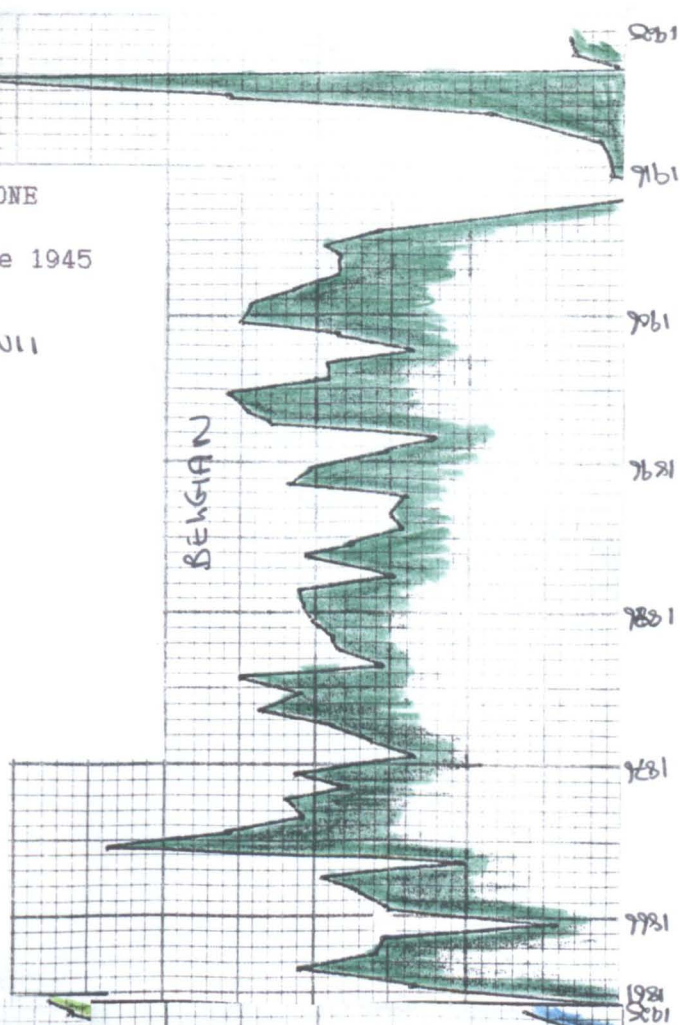
SOURCE:
Nassauische
Annalen
vol 82 (1971)



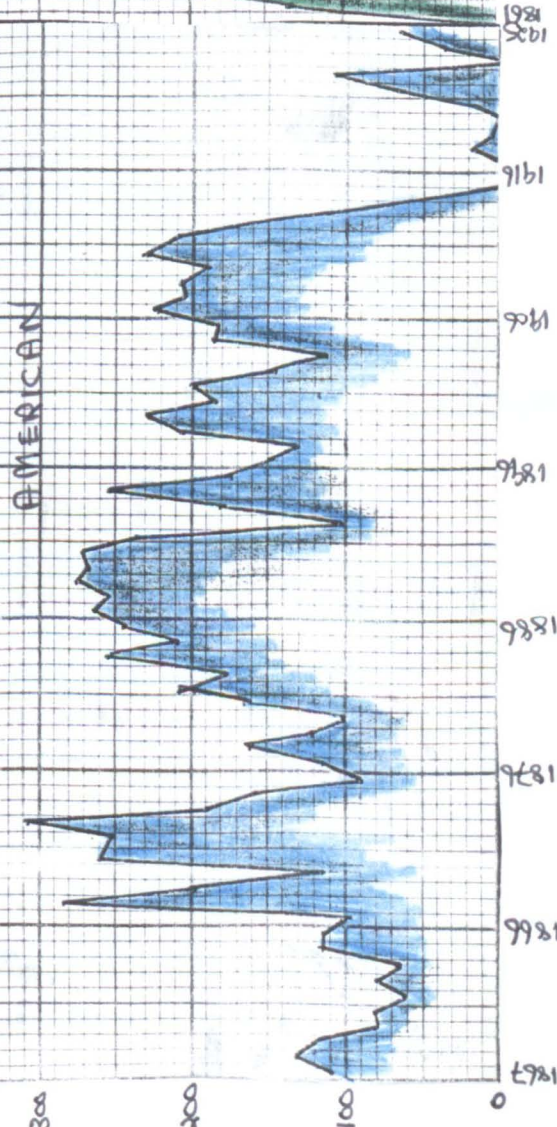


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GRAPH VII



SOURCE:
Nassauische
Anstalt
Vol 82 (1971)



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The cosmopolitan character of European upper class society in the 19th century is demonstrated by the guests visiting Bad Ems, who came from far and wide. In 1857 there were actually more guests from overseas - 3,580, from eleven countries - than Germans - 3,099, and in the 1860's Bad Ems was described as:

...the crown of Rhine spa life. Every year she decorates herself with new jewels. Ems has become the rendezvous for the powerful in this world. Emperors, kings, princes and the ruling nobility gather together here every season in their dozens... In Bad Ems those without a crown are of no importance...the Tzar of Russia appears with his entourage of one hundred... Amongst spas in this area Ems always has the most excellent public...one will always find the best society there.⁵⁹

Graph II shows the number of German and foreign guests from 1857 onwards and graphs III to VII analyse these data further according to specific nationalities. Apart from Austria-Hungary, all the great powers of the nineteenth century were represented at Bad Ems. Conversely, their absences reflect domestic or international crises, especially military conflicts and wars - most drastically when Germany was directly involved, as in the case of France from 1870 onwards. Before the 1870 war between France and Prussia the French were the largest group visiting Bad Ems; they even had their own newspaper - *L'été et les bords du Rhin*. The provision of foreign newspapers in the *Kursaal* reading room in general reflects the increase and variety of guests from abroad ; as well as ten German papers there were six French

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in 1832, by 1847 there were fourteen German, eight French, three English, one Dutch, one Italian and one Russian⁶⁰, and fifteen German, ten French, four English, one Dutch, four Russian, two Austrian and two Belgian by 1881.⁶¹ The international flavour of the resort was also reflected in the names of the leading hotels - *Prinz von Wales*, *Pariser Hof*, *Englischer Hof*, *Schloß Balmoral* and *Russischer Hof*.⁶²

The tables and graphs also provide the background material for considerations of a qualitative nature; Why did Europe's elite choose to visit a spa and why in particular Bad Ems? How did they behave during their stay and what was their attitude towards the cure?

As Pimlott pointed out, there were a number of reasons for taking a cure "and amongst them health and pleasure are not easily disentangled."⁶³ Medical opinion, or rather medical recommendation undoubtedly played a vital role in attracting visitors to spas. During the 19th century in Bad Ems alone fifty-six publications appeared extolling the efficacy of the local mineral waters and exhorting the wide range of entertainment facilities, regarded increasingly as essential for relaxation and, therefore, for the success of a cure. This shift in emphasis occurred at the same time as, or was perhaps the result of, a growing awareness of and attraction to nature as industrialisation gathered pace and large cities became less hospitable, particularly during the summer. This

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combination encouraged the leisure classes to undertake journeys into the countryside and since spas were already well established as attractive pleasure resorts they would have been natural centres for such excursions.

Bad Ems was well prepared for the increase in popularity of spas; it also benefited from the wealth in the Rhineland accumulated through industrialisation, from its geographical location - being close to the Rhine so loved by the Romantics - and from the type of cure available, predominantly the drinking cure which was infinitely more suited to the leisure classes. As the nineteenth century progressed, taking the waters became an essential part of the yearly round of social activities and Bad Ems responded by expanding and improving its entertainment facilities. In short, there was not merely a medical side to a stay at Bad Ems. One hoped to enjoy the social life of the town, with its theatre, concert room, games rooms and cafés. One wanted to see and be seen at the weekly balls, often in fancy dress, attending the symphony concerts or recitals featuring celebrities such as Liszt, Jenny Lind, Henriette Sontag, Clara Schumann and Jacques Offenbach. Bad Ems provided opportunities for hunting, shooting and fishing; there were tennis courts and croquet lawns, boat trips on the river, donkey rides in the surrounding countryside as well as firework displays, a flower festival and an annual rowing regatta.

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The visits of Wilhelm I, who became Kaiser of a unified Germany, undoubtedly acted as a magnet in attracting guests to Bad Ems, visits which began in 1859 and from 1867 became an annual event for almost twenty years until his death. And whilst accounts of his stay in Bad Ems present a picture of a rather remote man, the conventions of and constraints on 19th century society dictated exactly such behaviour. He was said to work "until midday...and only then taking a short walk along the promenade. In the afternoon he worked again from three until five or six, sometimes even longer. He enjoyed speaking to acquaintances on the promenade, always amiable, sometimes telling a friendly joke, totally natural without stiffness or airs, but never other than royal."⁶⁴ Simply to glimpse the great man wearing civilian clothes (the only time he appeared in public out of uniform) and later recount this, fits perfectly with the predominant concern of guests for status and recognition: "One had to have been to this fashionable spa if one belonged to high society."⁶⁵

How then did guests spend their time at Bad Ems? The main body of literature on cures there presents a somewhat one-sided view, concentrating on the medical benefits and curative properties of the local mineral springs rather than the social activities of guests.

Diaries written by some of the famous visitors to Bad Ems in the nineteenth century, such as Ferdinand Delacroix, Richard

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Wagner, Paul Heyse and Fyodor Dostoevski record contentment with the resort and, with the exception of Wagner, successful cures. Each was less satisfied with his fellow guests. Delacroix, who went to Ems in 1850, described the guests promenading with "painted faces, whether middle-class or aristocracy...they are all marionettes."⁶⁶ And Paul Heyse the novelist, immensely popular in his day, was so disturbed by autograph hunters during his cure in 1897 that he was soon obliged to take the waters at "unconventional hours in the pump rooms" to avoid his fans. ⁶⁷ Dostoevski, who took the waters on a number of occasions complained about the town and its inhabitants especially the "unscrupulous pursuit of profit in Ems where one is charged three times the real price." ⁶⁸ He was very fond of the surrounding countryside but disturbed that the hillside paths were "over-run" with people. ⁶⁹

Not only have the diaries of the famous survived, but also of less exalted guests: one written in 1886, recently reproduced by the local history society in Bad Ems,⁷⁰ gives a detailed account of a cure at Bad Ems in the last century.

Seventeen year old George Becker came with his mother to take the waters at Ems in the summer of 1886 and wrote down his experiences. They had travelled by train from a small town in East Prussia and stayed for a three week cure in an hotel near the railway station. On their first day in Bad Ems,

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having risen at 6.30.a.m. and before visiting a doctor, they "went straight away to the pump rooms, tasted a glass of *Kränchen* and promenaded for a while as the cure orchestra played." On his first morning in Bad Ems George was greatly excited when he caught a glimpse of the Kaiser, and "of course we tried to follow him everywhere, we could not see enough of him."

At the pump rooms the Beckers purchased drinking cards, which allowed unlimited use of all the *Imperial* springs, and numbered tags were issued to be attached to their glasses; "my beaker is very small, which does not bother me" - a beaker which he retained for the duration of his stay. After lunch on the first day, for which guests dressed, much to the surprise and annoyance of George, who commented wryly that he "would have to get used to it", the Beckers went to consult the spa doctor, by the name of Panthel. They were "courteously received" and George's throat was examined by Panthel, "complimenting me several times on my ability to open my mouth, and prescribed two to three beakers of *Kränchen* each morning. Gargling and inhaling for a quarter of an hour... another beaker in the afternoon. Furthermore, to follow a diet, no beer, no red fruit, no fat or acid food, to keep warm and never eat too much." George's appetising accounts of the meals he consumed during his stay would seem to indicate that this last piece of advice was not adhered to too strictly, for example on Friday 23rd July, "*Filet sautéau*

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vin de Madère, an excellent dish with mushrooms and everything good."

Frau Becker, ordered to drink *Kaiser* spring water and bathe every second or third day, and her son began their cures that very afternoon. George found the gargling cabinet "highly original" albeit that the noise was "dreadful when hearing it for the first time." Inhaling, by contrast, was "much nicer and more refined; there one sits...and inhales a spray of lukewarm mineral water. One wears a napkin around the neck and a huge rubber apron, so that one does not get dirty."

The Beckers enjoyed taking walks, especially in the park and listening to the band which played "beautifully" mornings and afternoons. They soon made the acquaintance of their fellow residents, George being particularly interested in some French guests (he tried to learn some "vocabulary") and a gentleman from Singapore. Their free time was spent in cafés, walking, listening to concerts and, like many other guests, Kaiser-watching. George describes an occasion when, "many people were standing in front of the window...who wanted nothing more in life than to see the Kaiser, but only got a glimpse of the tip of his nose." Such was their interest in the Kaiser that upon his departure from Bad Ems they "immediately repaired to have a look at his apartment. It was settled, at a price, and was of course very

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interesting for me... I took a rose as a souvenir. I also sat in his study chair."

George especially enjoyed sightseeing trips, by coach or by train, and visited nearby villages and beauty spots. His most memorable and exciting trip being one to see the Rhine for the first time, an event which led him to write many pages in his diary, describing the occasion as "the most wonderful memory of my first journey in the Reich".

When not travelling, and after having drunk of, or bathed in, the mineral springs, the Beckers regularly visited cafés in the afternoon, being especially fond of the café in the *Kurgarten*. In the evening they would - weather permitting - take a stroll, go to a concert: "Tonight we found a potpourri from *Tannhäuser* particularly good": they went to the theatre, watched a fire-work display or attended the weekly ball - the *Réunion*, "that is to say, to watch. I did, however, wonder at the poor quality of the dancing there."

Towards the end of their stay George records that they were running short of money and that his mother had to send home for more, which arrived by return, which was "blissful". Since Herr Becker owned a factory there was presumably never any real financial problem, and even when money was short mother and son continued to enjoy themselves at the theatre and dining table.

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George makes little mention of his health, but judging by his appetite and the increasing length of his walks, he very soon felt better. His mother on the other hand, appears to have had less success and George reported that she was still having "difficulties" on longer walks at the end of their stay.

Becker's diary has been cited at some length as a good illustration of the relative freedom enjoyed by guests in the second half of the 19th century. Spa life in the last century at Bad Ems, as previously in England, involved "the art of being ill", that of being either "socially sick" or a "sick socialite":⁷¹ and for those "being faintly ill as a social art and grace, the rules of etiquette and procedure governing the day were rigid...rules which remained remarkably constant from spa to spa whether in England or in Europe."⁷²

Rigorous rules were also laid down for a successful cure, rules which at times clashed with the equally rigorous conventions governing behaviour. Such rules included drinking the mineral waters, but it would appear that for some guests at Bad Ems there was more to their visit than simply improving their health. A leading doctor in Bad Ems, Ludwig Spengler, writing in 1860 gave both advice on the cure in Ems and commented on current spa life in *Der Kurgast*

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in Ems and his views give some insight into the behaviour and attitude of cure-guests.⁷³

Spengler railed against the followers of fashion who went "to drink at the springs dressed as though attending a ball...tightly corseted". He audaciously questioned the custom of "greeting by raising one's hat, [it] should be forbidden by the authorities; it goes against all the rules of a cure to bare a sweating head... There are spas (Karlsbad and Bad Bertrich), where such greetings are forbidden by doctors and a military salute is given instead." However, despite his recommendation, gentlemen continued to bow rather to the rules of good society than those of the cure in Bad Ems.

Little of the wide-ranging entertainment programme, so central in the success of the resort, gained Spengler's approval; "billards, dominos, chess, whist and L'hombre are calm games and welcomed" and the daily concerts, held in the pump rooms or spa gardens were highly recommended. Not so dancing, "which can only be permitted within very narrow limits...such pleasures as the waltz, the gallop, the polka etc., being dangerous ones!" In fact all entertainment held in the evening was condemned, which was unlikely to find a positive response from members of a social class who spent their evenings pursuing activities which were "communal - dancing, music, gambling, conversation..."⁷⁴

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If the cure was to succeed, Spengler maintained, "it needs above all a strong will to curb one's passion as well as limit one's melancholy, and one must overcome all excitement in the sexual sphere for the duration of the cure."

The extent of such 'excitement' during a stay at a spa in the previous century is difficult to assess. As we have already seen, spas were centres for relaxation and amusement, meeting places for a cosmopolitan elite. In such an atmosphere cure-guests got to know people and made friends both with members of their own and the opposite sex. Indeed, "some love-affairs and some celebrated romances began there. It would by no means be an exaggeration to see many spas... as 'marriage markets' in the last century - they were." ⁷⁵ The social life which surrounded a cure provided ideal opportunities to find a suitable partner. It would appear, however, that such relationships did not always result in matrimony, nor were they formed for that purpose.

The rules and conventions governing 19th century society's conduct were rigid although it would seem that they were not always adhered to strictly. To appear to conduct one's life in accordance with social norms was, in the main, enough to satisfy the ever-critical company assembled at the spa - at least if you were a man. Rules governing the behaviour of women were, however, more rigid and any deviancy more likely to be condemned. Historical evidence regarding the sexual

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behaviour of guests is especially subjective, reflecting dominant attitudes and opinions. This must be emphasized when considering the few references to the sexual conduct of cure-guests in the last century which have been found. They are, without exception, written by men and confined to comments, mainly 'humorous', concerning the conduct of female cure-guests.

Many spas in Germany, and elsewhere in Europe, recommended a cure for sterility in women. Bad Ems, for example, "originally enjoyed the reputation of having the power to bless barren women with male offspring; later this power was ascribed to but one spring, the so-called 'Bubenquelle'." 76> And it is in connection with such springs that references to sexual activity are made. The *Bubenquelle* at Ems, "that famous spring which drew a number of young women to Ems", was also "maligned" by those who, "unfairly want to credit the climate and the officers of the neighbouring garrison with success... Only the spa doctors know what is a miracle and what is achieved by nature, but they are also discrete and do not speak about it." 77> In France too "...the waters of Forges [in Normandy] continued to draw hundreds of barren wives. According to the author of *Les Divertissements de Forges* (1668) all of them expected to return home fertile; and the usual malign gossip said that their chances of doing so were strengthened by the attention of the local gallants." 78>

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Baden in Switzerland was also credited with the power to cure barrenness and again it was said that, "women who recovered their fertility had been cuckolding their husbands."⁷⁹ Or in more polite terms, "some husbands sent their wives ... because the new generation had failed to appear. It helped in many cases. Those concerned, however, remained silent as to whether success lay in the water, the 'spirit of the springs' or the attentions of gallants."⁸⁰

These accounts, written by men and, therefore, expressing their values and attitudes are part of that "writing of modern history [which] has resulted in a viewpoint that is nothing short of that of a stag party".⁸¹ The sexual behaviour of cure-guests in the 19th century was ignored with regard to men and treated as a joke at the expense of women. Whether and how attitudes and/or behaviour changed in this century will be considered in Chapter Six.

Meal times were important opportunities to meet, see and be seen and Spengler commented ruefully that some guests came "not for the healing springs but rather for the food." He complained that guests rose and retired late and asked, "how can the springs help when the cure guest lies in bed until 10 o'clock in the morning, roves around till late in the night, sits at the gaming table and lounges on a sofa instead of taking a walk in the fresh air?"

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Gambling, predictably, found no favour with Spengler who described it as "one of the passions, the most dangerous poison for cure-guests; and the most detestable passion of all rules at the green baize tables. In rooms full of people, where the air is poisoned by the sweat of excited gamblers, cure-guests sit amidst great tension for hours on end."

There had been a gaming room in Ems since the 18th century, where guests played billiards, card and board games and lotteries were held. A succession of mainly French private businessmen ran the casino as leaseholders until the middle of the 19th century. Under the management of Huyn the facilities were extended and improved, so that separate billiard and gambling rooms were built. There were concerts on Sundays, dances were held, one could drink tea in the afternoon indeed "it was more the centre for social life than a straightforward casino".⁸²

In 1834 the former manager of the casino at Baden-Baden, Chabert, took over in Ems and business flourished. The profits earned were such that Chabert could afford to give large sums of money towards the cost of building a new *Kursaal* as well as donations for the construction of a river wall and colonnade. The casino opened daily and offered the games of faro from 11.30 until lunch, *trente et quarante* from 4.p.m. onwards, and both before and after the evening

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meal, roulette. Sunday was the most popular day for gambling, and roulette could be played all day. The closure of casinos in France in 1839 resulted in a rise in the number of French visitors who, together with the many guests from both Germany and the rest of Europe, gambled in the ornate *Marmorsaal* in the new *Kursaal* completed in that same year.

The casino was temporarily closed in 1849, on orders of the Frankfurt Parliament, soon to reopen and attract ever more guests. In 1856 a limited company was set up, *Gesellschaft zum Betriebe des Cur-Etablissements in den Badeorten Wiesbaden und Ems*, "giving the government sufficient shares and, therefore, seats on the board...in order to represent more effectively the interests of the spa."⁸³ Dividends from the company between 1857 and 1866 averaged 32% each year⁸⁴ and brought in a healthy income to the spa; in the twenty years up to 1860 contributions increased threefold.⁸⁵

Spengler remarked that, "like so many other spas, in Ems too gambling is of great importance"⁸⁶ and not simply as entertainment for visitors. The town, albeit mainly the spa centre, benefited from profits made by the casino which were used to finance the entertainment facilities and other establishments in the *Kursaal* such as balls and the wages of musicians, as well as street lighting in the town and direct

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support for the "building of the new school in Ems...paid for solely by the casino".⁸⁷

Support for the casino had not always been unanimous, a petition was drawn up to abolish all gambling in 1862; it was unsuccessful and received little backing from local people, and they "were probably doctors"⁸⁸ and certainly Spengler expressed his disapproval most strongly. The Prussian government had campaigned against casinos for some time, and when the Duchy of Nassau was ceded to Prussia in 1866 the town's mayor and other local worthies, aware that the casino was under threat, got up a petition which claimed that the town could not survive without the income from the casino. Indeed the casino and its assests were seized when Prussian troops arrived in Ems. And whilst a deputation to Berlin succeeded in petitioning the king, they were only granted a temporary stay of execution and the casino finally closed its doors in 1872.

Spengler's description of the "oft unsuitable way of life pursued" in Bad Ems during a cure presents a vivid picture of the amusements and diversions available and enjoyed in the spa. He drew some comfort from the fact that despite all the adverse influences "so many cures succeed" which he regarded as "the strongest proof of the excellence of our springs." The continued growth in the popularity of Bad Ems was also proof of the excellence of its guests, crucial for its

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reputation as a cosmopolitan resort, a reputation which gradually filtered down the social scale and attracted a growing number of day visitors, particularly once the railway reached Bad Ems in 1857.

The coming of the railway made travel possible for a new section of the population previously handicapped both by a lack of time and money. They could also now use the opportunity to pursue their pleasures away from the cities and towns and the entertainment facilities and reputation of spas made them highly attractive, albeit only for a day visit. Only one year after the coming of the railway the director of the spa institutions in Bad Ems, Count von Bismark (sic), complained that "the disadvantageous influence of the railway connection on the quality of cure-guests is particularly noticeable on Sundays when cure-guests are crowded together...with people from the middle and lower classes who arrive in great numbers."⁸⁹ He expressed fears that the day-trippers would alter the character of the resort and deter the traditional guests; "It would be extremely regrettable if Ems was demoted to the status of a luxury spa (rather than one for sovereigns) since this would certainly also adversely affect the visits of genuine cure-guests."⁹⁰

Whilst the number of short-stay visits to Bad Ems did indeed increase dramatically in the second half of the 19th century,

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(see Table VII), his fears were unfounded and Bad Ems retained its reputation throughout the nineteenth century.

TABLE VII

SHORT STAY VISITORS TO BAD EMS
(AVERAGE OF 1.6 DAYS)

1820	151	1890	11,755
1830	989	1900	13,619
1840	2,781	1910	12,130
1856	1,306	1913	13,294
1867	4,114	1914	8,260
1880	7,064		

SOURCE: Stieda, W., "Alt Ems - Bilder aus seiner Vergangenheit" in *Nassauische Annalen* vol 44, (Wiesbaden, 1918), p.322 ff

This attitude was not, however, untypical of the spa administrations which deemed it necessary to keep the lower classes at a distance, including those who benefited from the town's charitable institution which provided cures for the less fortunate.

The *Armenbad* - literally 'the poor-bath' - was founded in Ems in the 16th century and originally accommodated twenty-seven people free of charge for the duration of the cure - usually four weeks. Its aim was to provide cures for the sick with no financial means, regardless of nationality, creed or sex - unusual in the history of *Armenbäder* in Germany²¹ where such cures were normally limited to the town's inhabitants. Conditions at the *Armenbad* were far from luxurious, and had deteriorated to such an extent by the beginning of the 19th century that Diel²², who pressed for reforms and for a new

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building, wrote that, "as things are at present, the poor suffer more from their accommodation than from their illness."⁹³ Subsequently a new bath was opened - *Herzoglich Nassauische Hospitalbadstiftung* - in 1822 and its administrators undertook to do away with its former character of an asylum for beggars and the homeless and to function as a charitable institution. The care of the poor was no longer entrusted to ex-soldiers but to medical personnel and administered by a local doctor, a representative of the local police, the local priest and a secretary. It had twelve bedrooms, each accommodating two persons, six baths and a mineral spring for drinking. Running costs were met by contributions from the casino and local businesses and donations from guests, either directly or indirectly by attending fund-raising concerts.

By definition the patients had little or no money and a local by-law passed in 1823 laid down that "those individuals cared for in the Poor Bath are forbidden to loiter in public places and annoy guests either by their appearance or by begging."⁹⁴

By 1855 1,485 patients had been treated at the *Hospitalbad*. In 1866 Bad Ems became part of Prussia and between 1870 and 1871 those beds not maintained by donations or bequests in the *Armenbad* were taken over to care for (rather than

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administer a cure to wounded and sick soldiers from the Franco-Prussian War.

The running of the *Armenbad* was gradually tightened up under the Prussian administration and in 1872, when the military had departed, charges were introduced which could be waived in cases of real need. In the early 1880's there were moves to abolish the name *Armenbad* on the grounds that patients were, in the main, paying for their cure, and the name was eventually changed. In the 1880's legislation was enacted introducing a statutory social insurance scheme⁹⁵ which came to affect the administration of the *Armenbad* in Bad Ems.

In 1884 the Prussian authorities in Wiesbaden revised the administration of the *Armenbad* to provide cures for the low paid. A commission was set up - *Königliche Hospitalbad-Commission zu Ems* - which assumed responsibility for the cost of bed, board and treatment in 1892, finally shedding its charitable status. Payment was extracted from patients, which could be reduced or waived in cases of need. In 1909 the *Armenbad* was moved to new premises on the left bank of the Lahn and renamed *Panorama*. Eligibility for a cure was extended to those whose ability to serve their country or earn a living would thereby be improved - a concept on which cures as a part of social welfare benefits is based.

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During the First World War the *Panorama*, together with many other clinics and homes, was again taken over as a military hospital, and when it once more operated as a civilian cure home all guests wishing to benefit from a cure had to prove that they could not afford the full cost of a private cure and produce a medical certificate showing the nature of their illness and the necessity of a cure. The concept of a Poor Bath, providing cures for the destitute disappeared, although attitudes towards the disadvantaged changed more slowly and there was considerable resistance to changes which took place in the cure-taking public after the war.

More than one thousand inhabitants of Bad Ems were conscripted to fight in the First World War, one hundred and fifty of whom were killed.⁹⁶ The number of doctors practising in the town had fallen from seventeen in 1913 to ten by 1915 as their services were called for elsewhere. The *Kurhaus*, *Römerbad*, *Panorama* and *Vier Türme* hotels were used as military hospitals as well as the Evangelical and Catholic Hospital, the town hall and "a dozen private cure-houses."⁹⁷ Cures were, nevertheless, taken by private citizens, although statistics for this period are not clear as to whether they include soldiers convalescing in the town. Obviously the war had an adverse affect on the number of foreign guests, who dwindled to 125 by 1915, compared with 2,792 in 1913 (see Table VIII).

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TABLE VIII

	<u>GERMAN</u>	<u>FOREIGNERS</u>	<u>SHORT STAY</u>
1914	5,379	1,805	8,260
1915	5,167	125	5,730
1916	5,621	71	6,347
1917	5,335	120	5,668
1918	7,061	265	7,592

SOURCE: Billaudelle, K. (ed.), *Die Natur- und Kulturlandschaft von Bad Ems* (Bad Ems, 1979), p.154.

When the First World War ended "the whole of central Europe was in a state both of economic collapse and political instability".⁹⁹ The Kaiser abdicated, a republic was proclaimed in Germany and there was widespread hardship. In the elections for the National Assembly in January 1919 in Bad Ems the German Democratic Party (DDP) gained 1,045 votes representing 31.7%, the Centre Party 902, representing 27.4%, the *Mehrheitssozialisten* 720, 21.9%, the *Deutsche Volkspartei* (DVP) 568, 17.2% and the *Deutsch-Nationale Volkspartei* (DNVP) 57, 1.7%.¹⁰⁰ The result in Bad Ems, and at a national level, (DDP, 18.6%; Centre Party 19.7%; SPD, 37.9%; DVP, 4.4%; DNVP 1.7%) "demonstrate an overwhelming support for a Republican parliamentary system. The three 'Weimar' parties, the SPD, the Centre Party and the German Democratic Party (DDP) gained 76.2 per cent of the votes" ¹⁰⁰and 81 per cent in Bad Ems.

The number of guests from abroad was minimal immediately after the war. Anti-German sentiments persisted and Europe's

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ruling classes were rocked and threatened by the revolution. The last record of guests from Russia in 1912, for example, shows 791; between 1916 and 1925 the largest number came in 1922 (130) with numbers falling as low as ten in 1916 and seven in 1924. Hüfner¹⁰¹, writing on the development of the modern cure, pin-points "the first crisis" for spas occurring "with the disappearance of the traditional social structure in 1918" and points to "a gradual regrouping" of guests visiting spas.¹⁰² The general social upheavals which followed the cessation of hostilities brought further changes to Bad Ems. Table IX below shows the gradual recovery after the First World War, and the steep fall which occurred in 1923.

TABLE IX

	<u>GERMAN</u>	<u>FOREIGNERS</u>
1919	3,406	81
1920	3,879	452
1921	4,262	1,858
1922	3,033	3,441
1923	822	655

SOURCE: Billaudelle, K. (ed.), *Die Natur- und Kulturlandschaft von Bad Ems* (Bad Ems, 1979) p.154

Bad Ems had the additional problem of the presence of occupying troops from France between 1918 and 1929. On 13 December 1918, "cavalry, artillery, infantry, columns of cars and tanks and troops of all shades, ranging from white, Moroccan, coloured to negroes from Senegal poured over the town and countryside." ¹⁰³ In the initial period "on some

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Men were quartered in private homes, hotels, barns and schools thus reducing available accommodation considerably. In 1922, for example, the hotels *Römerbad*, *Guttenberg*, *Monopol-Metropole*, *Bahnhof*, and *Bromet* were occupied, with the loss of 320 rooms. Business was reportedly very bad in the early twenties and it has been said that it was "a miracle that no-one was bankrupted."¹⁰⁵

In 1921 and 1922 the number of foreign guests (for full breakdown of individual nationalities see graphs III to VII above, p.49 ff) did begin to recover, indeed, in 1922 there were more guests from abroad than Germans. Inflation in Germany did not spiral out of control until after the season at Ems in 1922 and actually the exchange rate made a visit there a bargain for foreigners. The largest groups of guests came from France, Holland and Belgium, all well placed geographically to respond quickly to the favourable economic situation. Hyper-inflation and political unrest in 1923 however, had an adverse affect and the number of foreign guests fell dramatically once again

"The grandeur of spa life [in Bad Ems] ended with the outbreak of the First World War and the French occupation between 1918 and 1929."¹⁰⁶ The pre-war German cure-taking public was shattered, patriotism made travel to French occupied territory unpalatable and the presence of troops billeted in the town restricted available accommodation.

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Nevertheless, between 1919 and 1922 a total of 14,580 cures were taken at Bad Ems by Germans and the inter-war period, viewed quantitatively, shows a gradual recovery, albeit that numbers never achieved the pre-war peaks.

The decline in the number of guests, particularly in the twenties, has been blamed on political unrest and French occupation - which doubtless deterred many a patriotic German - and the dramatic fall in 1923 has been laid at the door of the Separatist Movement in Bad Ems, which declared a *Rhineland Republic* in that year.

Political unrest was widespread in Germany in the 1920's with waves of nationalism and protest running through the country and separatist movements emerging in Bavaria and the Rhineland. Separatism and the declaration of the Rhineland Republic in Bad Ems was both short lived and occurred after the season in Ems and as such did not really deter visits to the resort. Nevertheless, a closer look at the separatist movement in Bad Ems is of value, for it is clearly part of the general history of the town and its politics.

Research has shown ¹⁰⁷ that separatism in Bad Ems, whilst part of a wider movement in Germany, was in effect the brainchild of one man, also motivated by political revenge and/or ambition, Karl Kaffine. Kaffine was born in Ems in 1895, was a member of the SPD, becoming deputy leader of the

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party in 1921. He was described in the local paper in 1922 as "a confounded socialist and agitator" and at the same time rejected as a possible leader by local miners who saw him as "a man in silk stockings who celebrates socialism with champagne in the town's bars."¹⁰⁸

In 1921 there was both inter and intra party political conflict in Ems: Kaffine conducted a campaign against the non-socialist parties and issued a warning to the "bourgeois society in Ems", which eventually led to his dismissal from the party in 1922. The presence of French occupying forces and the many regulations which they introduced were bitterly resented. Restrictions were imposed on imports and exports with non-occupied territories, and despite the presence of the headquarters of the Inter-Allied Commission, whose task it was to issue licences which provided five hundred much needed jobs for the local population, unemployment in Bad Ems was reportedly high.

Kaffine founded a "Republican People's Union" soon after his dismissal from the SPD, and forged links with a leading separatist in Koblenz. Antagonisms between the separatists and other parties grew and fears were fuelled that a republic would be declared by the occupation of the Ruhr in January 1923. Subsequently the printing works in Koblenz used by the separatists were smashed. By July 1923 Kaffine's brother had organised a para-military force, the Rhineland Defence, with

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the tacit consent of the French, who otherwise proscribed the bearing of arms by German citizens. All through 1923 the local press published numerous anti-Prussian articles, claiming that the people of the Rhineland had no desire to be part of Prussia nor did they regard themselves as Prussian

The proclamation of a Rhineland Republic in Aachen on 21 October 1923 rather forced Kaffine's hand, who in fact felt unready to declare the same in Bad Ems. Nevertheless, on the night of 21/22 October armed supporters occupied the local printing works and forced the publication of handbills and posters proclaiming the republic. The town hall was also occupied by armed men and the separatist flag hoisted. There was fierce resistance in the town over the next few days and on 24 October only the intervention of French troops with bayonets drawn prevented the killing of a number of separatists set upon by an angry crowd. On 4 November, the printing works were reoccupied by force and the separatists supervised the printing of administrative documents and enormous sums of money. It was a sign of the inflationary times that billion mark notes were printed, and in many ways this new currency played a major part in the failure of the separatists to maintain power. The local business community flatly refused to recognise it, it was also rejected by the Inter Allied Commission and currency reform in Germany followed within a very short time. On 17 November the town hall was cleared, and the headquarters of the

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provisional government of the Rhineland Republic set up in the *Kurhaus*, but the movement had already begun to crumble and finally collapsed in February 1924.

Kaffine's adoption of separatist sentiments was not entirely without personal motives of political revenge, and the declaration of the Republic was an integral part of the waves of political unrest sweeping through Germany in that year. Occurring when it did, there would have been a negligible effect on cure-taking in the town. The crisis in 1923 was an economic one which was not , of course, confined to Bad Ems. Inflation, which began to spiral in the autumn of 1922 and continued to rage throughout 1923, did, however, hit precisely that section of the population which took cures - the affluent middle-class - most hard.¹⁰⁹

Thus the visits of guests on whom this study has concentrated in the nineteenth century and early twentieth declined, eroded by vast social changes and economic catastrophe after the war, which served to heighten a dilemma facing German spas concerning their future, indeed, their survival.

The first tangible evidence of the result of this dilemma occurred in Bad Ems in 1923 when forty-five of the 822 cures taken by Germans were registered as *social cures*.¹¹⁰

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TABLE X

GUESTS AT BAD EMS 1923 to 1932

	<u>GERMAN</u>	<u>SOCIAL</u> <u>CURES</u>	<u>FOREIGN</u>	<u>TOTAL</u>
1923	822	45	655	1,522
1924	3,469	113	471	4,053
1925	5,813	399	672	6,884
1926	6,145	490	845	7,480
1927	7,143	753	1,239	9,135
1928*	9,251		1,469	10,720
1929	9,625		1,499	11,124
1930	8,278		1,170	9,448
1931	6,818		1,132	7,950
1932	5,672		832	6,504

* No separate figures for social insurance guests from 1928 to 1933

SOURCE: Billaudelle, K. (ed.), *Die Natur- und Kulturlandschaft von Bad Ems* (Bad Ems, 1979), p.154

There is no statistical breakdown of social cures between 1928 and 1932; they were however, taken. The *Albert Genesungsheim* was opened in 1928, owned at that time by the Provincial Association of German Health Funds for the Rhine Province, adding to those already accommodated at the *Panorma*. The arrival of social insurance guests in 1923, described by one local historian as "a totally new *Typ* of spa guest ¹¹¹" brought about a "radical change in the visitors" according to another commentator.¹¹² The "social shift from well-to-do private guests to social guests financed by insurance, the change from outstanding, elegant international spa to social welfare spa" has been recorded with regret and exaggerates the impact of social cures with claims

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that this "brought far-reaching changes and heavy financial losses."¹¹³

There is no real evidence of great hardship or significant changes. The number of social insurance guests was small in the early years. Local historians have presented rueful accounts of the passing of an era and ignored the fact that in Bad Ems, as elsewhere throughout Germany, social insurance cures would prove to be the saviour not destroyer of spas in this century.

In 1926 the Hotel *Römerbad* reopened, having been completely renovated once the French had left, and in 1928 the *Staatliche Kurhotel* was also renovated and modernised. In 1927 the *Neue Badehaus*, in which a laboratory for medical research had been set up during the war, was converted into a spa remedy centre, "whose aim and establishment grew from the belief that the remedies of the spa in their various forms should be available to the cure-patients in one and the same building."¹¹⁴ The new centre offered forty bathing cabins for thermal baths and five for fango treatment, as well as a pneumatic room, inhalation rooms, x-ray facilities, apparatus for examining heart diseases, a laboratory for chemical-microscopic-bacteriological research, ultra-violet, diathermy, and electrotherapy treatment and a special section offering all types of showers. Not only had treatment facilities been improved, entertainment too had recovered.

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In 1927 a brochure describing the town's accommodation also announced that:

Every hour of the guests is filled, whether by treatment, entertainment or sport. Every day in Bad Ems has its special attractions: one can take a leisurely stroll in the *Kurgarten* to the sound of the good *Kurorchester*; There are theatre plays, lectures, dances, varied musical and social gatherings...wonderful illuminations and firework displays...half and whole day walks, tours by bus or motorboat... Hunting, fishing, sailing...tennis, hockey... and golf.^{115>}

The number of guests had been rising steadily since the catastrophic year of 1923, and by 1929 topped the eleven thousand mark, including almost one and a half thousand foreigners. Then the effects of the Great Depression began to be felt and numbers fell once again, to 6,504 by 1932 a fall of 41% compared with 1929. The spa authorities were once more alarmed by the drop in numbers, which took place against the background of wider political changes.

There had been National Socialist groups in the area of Ems since 1926, supported by the NSDAP district of Rhineland South under the leadership of Robert Ley, characteristically expressing hatred for Jews, "above all the Jewish businessmen and doctors in Bad Ems, Nassau and Oberlahnstein."^{116>} The NSDAP gradually won electoral support in the area, by 1928 they were the fourth largest party with 11.3% of the vote. The National Socialist movement also made gains as a result of "disputes between the two workers' parties, the SPD and

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the Communist party, and the Centre Party, which prevented any possible collective effort to fight National Socialism."¹¹⁷ By 1933 the National Socialists were able to celebrate their electoral success in Bad Ems. As the local paper of 8 March 1933 reported;

The 6th March is to be recorded as an important historical and memorable day for the national movement. It is Monday evening. Punctually at eight the members of the NSDAP and the *Stahlhelm* marched into town. A crowd of hundreds accompanied them to the town hall... Suddenly there was movement in the crowd, the order rang out, hands were raised in greeting as the swastika and black-white red flag unfurled over the town hall."¹¹⁸

In the national and local elections of 1933 the NSDAP won 53.8 and 50% of the votes respectively. Elections for the town council of Bad Ems gave the NSDAP seven members, and by forming an alliance with the *Kampffront Schwarz-Weiß-Rot* who gained three, had an absolute majority over the Centre Party with four, who subsequently agreed to work with the new administration, the SPD with three, and the Communists' one, who was in any case barred from taking part in proceedings.

The Nazis soon turned their attention to medical practitioners in Bad Ems. In September of the same year the Reich's Commission for Medical Affairs in Munich ordered the appointment of two doctors to regulate medical services in the town, and the Association of Ems Spa doctors was formed - only aryan doctors being allowed to join."¹¹⁹

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There are few references to the period of National Socialism in local histories of the town. One author remarked that, "apart from the disappearance of considerable numbers of Jewish citizens, there are no important or extraordinary events to report from the town or spa."¹²⁰ Elsewhere the same writer referred to *Reichskristallnacht* (8. November, 1938), "when the synagogue here was set on fire, homes and businesses of Jews plundered and destroyed, [and after which] the many Jewish citizens were removed from the town..."¹²¹ The paucity of evidence cannot alter the fact that National Socialism affected the spa. In many ways, however, Bad Ems was able to ignore what was happening to the town's Jewish citizens and instead rejoice that an upturn in the national economy was soon reflected in the number of cures taken there, maintaining as a result of the National Socialist policy of extending the provision of social cures.¹²² Between 1933 and the year when war broke out social cures accounted for an average of 25% of all cures taken in Bad Ems, compensating considerably for the drop in the number of foreign visitors which had occurred since the First World War, and the figures shown in Table XI below belie the assertion that, "during the 12 years of the National Socialist government [the number of] cures was poor, foreigners hardly came at all."¹²³ It was during this period that the foundations were laid for the survival of Bad Ems as a spa and social insurance guests played a vital role in the interwar period. The tradition of cure-taking was

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adopted by members of other classes and continued the process of 'democratisation' begun in the 1920's.

TABLE XI

GUESTS AT BAD EMS 1933 to 1944

	<u>GERMAN</u>	<u>SOCIAL</u> <u>INSURANCE</u>	<u>FOREIGN</u>	<u>TOTAL</u>
1933	4,785	1,439	676	6,900
1934	4,979	1,906	854	7,739
1935	5,143	2,236	931	8,310
1936	5,333	2,254	921	8,508
1937	6,398	2,277	915	9,590
1938	6,160	2,501	753	9,414
1939	5,933	2,250	346	8,547
1940	2,302	1,063	2	3,367
1941	4,561	1,933	24	6,518
1942	3,907	2,036	4	5,947
1943	3,539	1,595	3	5,137
1944*	4,162			4,162

* No separate figures for social insurance guests.

SOURCE; Billaudelle, K. (ed.), *Die Natur- und Kulturlandschaft von Bad Ems* (Bad Ems, 1979), pp.154-155

In the Second World War, as in the First, the hospitals and many hotels and clinics were used as military hospitals. A growing tide of evacuees from bombed cities was also accommodated in the town and later joined by refugees from the border areas. It is, therefore, remarkable that any cures were taken at all between 1939 and 1945 and Billaudelle underestimates the persistence of cure-taking when he remarks that "the cure hardly played any role in the years of total war."¹²⁴ As Table XI shows, numbers began to fall after 1941, but not simply because accommodation was scarce. The exigencies and disruptions of war prevented many prospective

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guests from undertaking a cure. Correspondence between Bad Ems and the social insurance fund for white-collar workers (*Reichsversicherungsanstalt für Angestellte*), for example, reveals that guests had their leave of absence from work cancelled, that travel was too difficult and in some cases that they were too ill to make the journey.¹²⁵

Because of its protected status the town suffered no bombing until 1945, when in March the railway station came under attack. The town thus sustained little damage, although retreating German soldiers blew up the bridges across the Lahn. On the 26th March 1945 American tanks rolled into Bad Ems and the war ended for the spa town.

In the course of this chapter we have begun to discuss the social insurance guest and the statutory provision funding them. Therefore before continuing the analysis of Bad Ems after the Second World War it would appear to be appropriate to pursue the theme of the statutory social insurance system in Germany and to trace its historical development. This means that we shall have to go back in time again to the origins of the statutory insurance provisions introduced in the nineteenth century.

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So far we have looked at the broad development of Bad Ems, which at the beginning of the 19th century entertained wealthy, private guests. In times of war establishments at the spa were used to treat wounded soldiers and there were provisions for the less well-off in the town's *Armenbad*. We have seen the first social cure-guests arrive in the town in 1923, and because of the part which they have played in the gradual 'democratisation' of cures this development will now be considered more closely.

As mentioned above, cures for the poor had been provided in Bad Ems from the 16th century onwards by a charitable institution, the *Armenbad*, as part of wider welfare provisions for the poor in Germany, which in turn formed the background to and basis for legislation introduced in the 1880's establishing a variety of welfare benefits.

In order to understand the development of cures as a benefit of the social insurance system it is necessary to go back to the introduction of three insurance schemes, the Health Insurance Act of 1883 (*Gesetz betreffend die Krankenversicherung der Arbeiter*, *RGBl.*, S.73) the Accident Insurance Act of 1884 (*Unfallversicherungsgesetz*, *RGBl.*, S.69) and the Invalidity and Old Age Pension Act of 1889

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(Gesetz betreffend die Invaliditäts- und Altersversicherung, RGBL., S. 97).

With Germany's rapid industrialisation in the second half of the nineteenth century, an industrial workforce emerged whose growing strength and socialist tendencies were perceived as a threat to the dominant classes. Bismarck in particular was "genuinely afraid of revolution and had an exaggerated fear of the socialist movement. He tried to stop its growth...by legislation imposing severe restrictions on the political activity of the socialists"¹ and in 1878 anti-socialist law was promulgated. A few years later welfare legislation was introduced by Bismarck, which from its inception was conceived as "the necessary correlative to repressive socialist legislation"² - the carrot to the stick of anti-socialist laws. As Bismarck himself stated, "A man with a pension for his old age is far more satisfied and much easier to handle than the man who has no such prospect."³ Bismarck, also hoped thereby to strengthen his flagging position in parliament as well as "to solve the problem of a tax and finance reform and in this way strengthen the German economy and in general secure the constitutional monarchy."⁴

The first of the acts - that covering health insurance - introduced a compulsory scheme for the majority, but by no means for the whole of the industrial workforce. It was organised by autonomous insurance bodies at a regional level

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or on a factory/industry basis. Workers within a specific income bracket contributed two-thirds and the employer one-third towards the premium, and by 1885, 4.7 million workers were members of the scheme, representing 10% of the population.^{5>}

The Accident Insurance scheme of 1884 was also compulsory and organised by insurance bodies on the basis of professional and trade associations (*Berufsgenossenschaften*) in industry. Again these bodies were self-governing, although, like the health insurance bodies, subject to state supervision.

Finally, there was the scheme covering invalidity and old age of 1889, implemented by self-administering bodies. This programme not only provided pensions for those of retirement age or invalids but also treatment in cases no longer covered by the health insurance scheme and where a claim for a statutory pension could arise because the insurant would be unable to earn a living. Despite shortcomings in the legislation, it established pensions for a large proportion of the working population. And whilst at the time this provision did not extend to cures, its impact on the future of spas can hardly be overestimated. As we shall see, they, too had in fact become insured - against decline and obliteration.

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There is another tradition which must also be considered. The insurance schemes gave some protection in the case of illness, invalidity or old age, general medical facilities were improved and the number of doctors per head of the population rose from 1: 2,972 in 1885 to 1: 1,952 by 1905. Industrialisation, improvements to, and the extension of, health and welfare benefits did not immediately affect spa life. Provisions for workers did not enable any significant numbers of them to participate in what was considered to be an essential form of medical treatment by the middle and upper class. Charitable institutions, administered by the church or town council, provided cures for the poor and, for example, the Miners Association set up its own cure homes from 1834 onwards also achieving concessions for members with a number of spa authorities for reduced bathing and drinking tariffs. Thus the poor and some sections of workers did receive the benefit of a cure in the nineteenth century but in restricted numbers.

Following the introduction of the statutory insurance schemes in the 1880's the insurance bodies began to campaign for the right to offer a cure as part of the benefits of the programme. Both the pension and health insurance bodies attempted to achieve concessions for their insurants by negotiating directly with the spa authorities following two unsuccessful claims to interpret the Health Insurance Act as being applicable to cures.⁶⁰ Officially the pension

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insurance bodies were limited to providing treatment in hospitals and sanatoria when it was considered probable that a permanent inability to earn a living and a claim for a pension would arise. However, a more liberal interpretation of the 1889 Act by the self-administering regional insurance bodies soon went beyond what parliament had envisaged. A number of price reductions for bathing and the payment of cure tax were secured by the insurance bodies even before the first major reform to the Acts, introduced through the Invalidity Insurance Act of 1899 (*Invaliden-Versicherungsgesetz*) which made the conditions for, and scope of, treatment independent of the statutory health insurance funds and gave sole discretion over the granting of such treatment to the pension insurance bodies. As section 18 of the Act stated:

In order to prevent a disadvantageous situation, the pension insurance bodies are authorised to introduce a form of healing treatment considered appropriate by them when, as a consequence of illness, an insurant's ability to earn a living is so endangered as to justify a claim for a statutory pension.⁷³

Section 47 of the Act also recognised the administrative practice of the pension insurance bodies by expressly allowing them to grant treatment to insurants already receiving a pension when there were well-founded indications that they would thereby regain the ability to earn a living. The intention behind the 1899 Act was to restrict the granting of treatment by stipulating that it could be

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provided only in order to avoid the undesirable alternative of paying out an early pension. It came, however, at a time when the current practice of pension insurance bodies already involved a much wider and more liberal interpretation of their tasks and failed to halt further expansion. A leading commentary on the 1899 Act remarked that:

the provision of rational forms of treatment through the granting of cures in clinics, spas, tubercular sanatoria and other special institutions offers insurants a greater security for the maintenance or recovery of their ability to earn a living than that accorded the members of the so-called middle-class. This extended provision has already, in the few years in which it has been practised, proved to be a pioneer in the area of state health and welfare provision and will continue to do so in its further development to an even greater extent.⁸²

The statutory insurance schemes were indeed limited to wage-earners and low-income salaried staff and not extended to cover all salaried staff until 1911. And it cannot really be said that cures were taken by members of the statutory insurance schemes in any significant numbers prior to the First World War. Spa authorities and administrations could easily control and/or veto visits by social insurants. Economically spas were successful at this time and demand often exceeded supply, especially during the summer season, and it was not until the financial situation altered unfavourably that any serious consideration was given and agreement reached on the question of granting cures for members of the statutory insurance schemes.

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The above mentioned worries of the prestige-class-status problem was typical of Wilhelminian society. This did not, however, prevent the insurance bodies from continuing their campaign, and with some success. They were able to provide many more cures following the introduction of the Reich Insurance Regulation Act (*Reichsversicherungs-ordnung, RGBI., S.509*) in 1911. This Act brought in a compulsory pension insurance scheme for white-collar employees (*Reichsgesetz über die Angestelltenversicherung, RGBI., S.989*) and marks a further significant change for the future of cures in Germany.

The number of white-collar employees had quadrupled between 1882 and 1907⁹⁹. They had become an important political and economic force in German society and the setting up of a separate pension insurance scheme for them reflects this. From the turn of this century white-collar employees in Germany had been pressing for a separate insurance scheme and "the reasons which led to decisions to grant social policy privileges to white-collar employees rather than to blue-collar workers are to be found in the developing separatist consciousness of the former, in financial calculations on the part of the government, in the vying of the parties for voters and, above all, in the *Mittelstand* policies of certain powerful groups."¹⁰⁰ Whilst the Social Democrats promoted the idea of a unified scheme and opposed separation, the Liberals, the conservative *Reichspartei* and Catholic Centre

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Party, anxious to stem any move towards Social Democracy, all gave their support. The Act was designed to "secure a higher measure of state support than can be offered to them [white-collar employees] through the workers' insurance"¹¹ and resulted in "a clear legal and semantic separation of blue-collar workers (*Arbeiter*) from white-collar employees (*Angestellte*) which has continued into our own times..."¹²

The term *Angestellte* has always proved to be a difficult one to define. At the inception of the Act the government, having rejected terms such as "private civil servant" and "private white-collar worker" as unworkable, settled on a set of occupational categories which were and are loose and confusing whilst emphasizing "the following criteria...as common to white-collar employees: education, living conditions and social status."¹³ The *Angestellte* "succeeded in fixing by law...a special position for themselves within the welfare and insurance system"¹⁴ and the 1911 Act meant that, "employees with higher incomes were drawn into the circle of insurants. In consequence of social, economic and legislative developments the social insurance bodies represented an increased proportion of the population. Thus their demands...on the spa administrations also gained weight."¹⁵

Henceforward, not only were white-collar employees and blue-collar workers insured by separate organisations, but the

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restriction was lifted which had previously confined the granting of treatment only in order to ward off negative effects, i.e. the obligation to pay a pension. Furthermore, where formerly treatment was limited to hospitals or sanatoria, the Acts were amended to read "in particular" in hospitals and convalescent homes, so that according to legal techniques other institutions could now be considered. In addition, the necessary "well-founded indications" that an insurant would regain the ability to earn a living set down in the previous Acts, was revised to allow "an expectation" suffice. This revision was part of the gradual liberalisation and recognition of the practices of the pension insurance bodies. These practices found little sympathy amongst the spa authorities, who once again expressed grave fears concerning both the financial and social standing of resorts should social insurance guests be allowed to take cures.

In the face of this opposition the insurance bodies pursued a determined course. They began to construct their own homes and continued to negotiate concessions with spas for the cost of bathing and/or the payment of cure-tax. Before the First World War twenty-one resorts granted reductions, which were usually restricted to the off-season months or stipulated off-peak drinking or bathing times during the day. (e.g. Bad Kissingen, reduced prices only applied between 6.a.m. and 8.a.m. and between 3.p.m. and 6.p.m.)¹⁶⁰

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Two surveys conducted by the Federation of German Spas in 1903 and 1913 were undertaken to establish the extent of reductions. Only twenty-one spas participated in the first, all of which granted some form of concession. These, however, varied considerably from resort to resort; Bad Oeynhausen granting up to 40% reductions on bathing prices on the one hand and Baden-Baden on the other, only 1.7% . In all but one case reductions were given only in the low season. In some cases reductions were made, not to social insurants but to doctors and their immediate families, civil servants and members of the armed forces. In all cases verification from a doctor was required and in many proof of a low income was mandatory.

The second survey, conducted in 1913 covered sixty spas and established that one-third granted reductions in the payment of cure-tax, one-sixth, reductions in the cost of spa treatment (mineral water springs, mud packs etc.) and one-third, both tax and treatment concessions. Five spas in particular (Aachen, Bad Nauheim, Bad Neuenahr, Bad Oeynhausen and Bad Orb) granted reductions amounting to three-quarters of all the concessions granted, - 74,992 marks out of a total of 101,323 marks.¹⁷

Thus whilst the insurance bodies continued to press for further reductions and concessions, the spa administrations' financial strength allowed them to stem the flow of social

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insurants and in the pre-war period social insurance cures were very much the exception.

With the outbreak of the First World War, the debate surrounding concessions for social insurants was halted and the spa administrations responded to a "patriotic proclamation", issued by the Federation of German Spas in 1914, by agreeing to waive the payment of cure-tax and to provide bathing facilities at half-price and free access to the mineral water springs for members of the armed forces. At a meeting of the heads of the German Red Cross and the Federation of German Spas in 1915 it was announced that spas had thus far contributed 500,000 DM towards the care of those serving in the war and by 1916 3.5 million bottles of mineral water had been donated to convalescing soldiers.¹⁸

In other spas, as in Bad Ems, significant numbers of cure-homes, clinics and sanatoria were commandeered for use as military hospitals and after the war invalided soldiers benefited from an extension of war-time concessions and by 1921 a further 30,000 cures had been financed by the Red Cross welfare division. But these were primarily *patriotic* not *social* cures, and hence they never achieved permanent status.

Despite fears about their reputation resulting from guests of humbler status which the spa administrations harboured,

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social insurance cures had little impact on and made few inroads into spa life in pre-1914 Germany. The economic success of spas prior to the First World War rendered discussions on a massive extension of cures unnecessary for spa administrators and the exclusive nature of resorts made all but the very best society unwelcome. Spas were concerned with preserving their status, both before and after the war, and opposed the idea of democratising the cure, "the reason for this strange phenomenon lay undoubtedly in the fears of individual spas, that accepting too many social insurance guests would mean their classification as a second-class spa."¹⁹

The last days of the war witnessed an important constitutional change in Germany. With the November Revolution of 1918 the monarchical structure of the German Empire collapsed and representative government was introduced. In the Weimar Republic political parties proliferated under the new system of proportional representation but there was no consensus about the new order, which in turn made stable government difficult. The extension of political and social rights was welcomed by some sections of German society which envisaged the beginning of a new era, whilst changes were deeply resented by other sections which were distrustful and disdainful of the new order. In its first five years the Weimar Republic was haunted by the Peace Treaty and dogged by the question of

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reparations, both of which created resentment on a national scale. There were also daunting economic problems. The Republic faced a major crisis in 1923 when confidence in the German economy collapsed completely. Hyper-inflation and unemployment rocked an already unstable government and left- and right-wing attempts were made throughout Germany to overthrow it. Under Stresemann the government however managed to re-organise the currency and together with the agreement on reparations, a period of relative economic and political stability began.

The strong desire for social reform expressed by the German people following defeat at the end of the war was recognised by all parties in the Weimar Republic. Progressive income tax was introduced in 1919 as well as capital gains and inheritance tax, "measures which were very advanced for their era."²⁰ Social welfare provisions were extended and unemployment benefits were improved, and despite all the problems of the Weimar period as Carr points out, "One of the characteristic features of the republic was its genuine concern for the quality of life of the citizen."²¹

Nevertheless, clashes between social traditions and the needs of the economy continued. Institutions such as the military, the civil service and the education system jealously guarded their status and impeded moves towards a more equal society. Even in the period between 1924 and 1929 the Weimar Republic

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was no more than a system of compromises flawed by "the contradiction...between a political system that permitted and a social structure that forbade democracy."²²

Against this background, spa authorities were facing a dilemma: whilst visits to spas had resumed after the war, business was not booming. On the other hand the idea of the welfare state had been strengthened. Financial difficulties, especially those experienced in 1923, pushed spa administrators to consider their future more seriously, and the debate about whether to remain 'exclusivist' or become social cure oriented gathered pace and importance throughout the twenties.

When the Federation of German Spas reconvened for its first annual conference in 1920 the emphasis was on "the effective co-operation on, and representation of, the economic interests of spas."²³ Economic interests which, after the catastrophe of 1923, increasingly considered the advantages of accepting more guests financed by social insurance schemes - a prospect which "was not always greeted enthusiastically by the spas."²⁴

The insurance bodies had continued to extend their possibilities to provide cures and between 1920 and 1930 fifteen new company-owned homes were opened and the LVA

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regional bodies had secured one hundred and seven contract homes by 1930.

At their annual conference in 1925 the Federation agreed to work towards the "extensive co-operation of the main Association of Health Insurance Bodies and the Federation of German Spas in the interest of introducing cures on prescription."²⁵ In fact records of social cures taken in the following year indicate that considerable numbers were already granted - a total of 154,460 social insurance cures were taken (plus 111,486 cures for T.B. patients).²⁶ By 1927 the total, excluding T.B. patients, had reached 188,221²⁷, most of which were funded by the Invalidity and Health Insurance Funds.

The growing importance and influence, particularly of the Health Insurance bodies, on the lives of medical practitioners at this time caused friction between them, the doctors fearing that they would "be turned into supervised health workers on an assembly line."²⁸ Antagonisms were such that there was even a possibility of a strike by doctors.²⁹ However, state finance for the treatment of diseases such as tuberculosis, essentially a 'poor man's' illness, had provided a steady income for spa doctors at a time when revenue from their traditional source - the middle class - had been reduced to a trickle. And the medical profession at spas seem, on the whole, to have

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welcomed the increase in social insurance cures. As Dr Behrend, a physician at Bad Kolberg, put it:

Enemy occupation, the decline of foreign visitors, the dwindling wealth, indeed, for the greater part the impoverishment of the middle classes would have led to a large fall in the number of visits if the unexpected expansion of social welfare provisions had not compensated [for this loss]. ³⁰⁰

The prospect of a future with a guaranteed income at a time of great financial insecurity must have been very appealing to spa doctors. As was the espied opportunity to assert balneology by conducting wide-scale and more uniform surveys of treatment, thus furthering the development of the discipline as a science and bringing about a more serious, scientific approach to cures. In the past, privately funded cures, they argued,³¹⁰ had been almost impossible to control and therefore to assess. Such submissions by spa doctors were, however, easier to put forward at a national level as a pressure group than at a local level, where as part of a community dependent on guests their interests clashed with those of many spa administrations, anxious to maintain the traditional atmosphere of luxury. Not surprisingly then the arguments put forward by spa doctors met with considerable resistance at first, but in alliance with the insurance bodies, were made more palatable by emphasizing that social cures could be taken in the unpopular off-season thus extending the use of and income from spa treatment and entertainment facilities.

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Spa administrations were often less enthusiastic and sometimes openly hostile to the idea of more social insurance guests. At the 1927 Conference views such as these were expressed:

The whole atmosphere of the spa or health resort will be lowered, particularly by the practice of treating insurants in company homes, so that the well-to-do guests will no longer see the spa as a place where he can not only recover his damaged health but also relax and generally refresh himself - a necessity sought at least once a year. Thus the private paying guests will turn more and more to foreign resorts where the old atmosphere of luxury and elegance has been preserved, and the consequence must follow that German spas would be proletarianised."³²

The national picture, reflected in the case study of Bad Ems, shows the slow progress of social cures in the mid- twenties:

TABLE 1

	<u>TOTAL</u>	<u>OF WHICH</u> <u>SOCIAL CURES</u>
1924	4,053	113
1925	6,884	399
1926	7,480	490
1927	9,135	753

SOURCE: Staatliche Kurverwaltung, Bad Ems.

Although the actual number of social cures was fairly small, their proportion increased each year; from 2.8% in 1924 to 8.2% by 1927 - a time of relative economic stability, when private paying guests from home and abroad also came in growing numbers. In 1928 the total number of guests (there are no separate figures for social guests) rose to over ten

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thousand and in 1929, when the occupying forces from France finally left, the total was 11,124, comparing favourably with pre-war numbers for the first time since the war, a situation which would not re-occur until 1952.

Reverberations from the collapse of the Stock Market in New York in 1929 reached Europe, and in Germany in particular an economic crisis began which gathered pace throughout 1930 and 1931. Unemployment rose and as the economic situation worsened steadily, alarm spread, fuelled by recent experience of the 1923 crisis and memories of mass unemployment and inflation. Once again a crisis in the economy resulted in a fall in the number of cures taken. In Baden-Baden business was down by 32% compared even with 1922, in Bad Nauheim by 28% and in Bad Salzflun by 27%. In Bad Ems the total of 9,448 in 1930 was reduced to 7,950 in 1931 and to 6,504 in 1932, a drop of 31%.

The Weimar Republic, already unstable, was unable to counter the growing economic crisis and fell into political disarray. Elections showed gains for the National Socialists, whose success lay in promises of something for everyone disseminated by effectively organised propaganda machinery. The economic strains and political chaos proved too much for the Weimar Republic which finally collapsed.

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Hitler became Chancellor in January 1933 and immediately set about consolidating his power. He systematically dissolved or disbanded other political parties and those economic, social and cultural organisations which stood in the way of total rule. Trade Unions were summarily abolished and replaced by the German Labour Front (DAF), the party system was dissolved and the one-party state was proclaimed in July 1933. The churches, Protestant and Catholic, capitulated in the process of *Gleichschaltung* as education, culture, indeed all aspects of life in Germany were brought under Nazi control, which was retained not simply by the effective use of propaganda or by the terror instilled by organisations such as the Gestapo, but also by the widespread belief that Hitler was keeping his electoral promises to restore Germany's power and bring prosperity to all. Unemployment was reduced as the economy began to recover and Hitler's foreign policy was seen to be pursuing a successful path. However, behind these accomplishments and the façade of mass propaganda many promises were not kept. In the field of social policy the National Socialist regime, as Bismarck fifty years earlier, used welfare measures as a sop to the effective loss of power suffered by the workforce, albeit that "socialism in the Third Reich was by no means a rigid or well-thought-out concept, but was frequently stretched to embrace varying aspects of German society."³³ In fact advances in social welfare were few and for the most part, "like the population to which it applied, social policy was

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neither advanced nor neglected in the Third Reich, rather it was manipulated."³⁴

In this sense, the promotion of cures as a benefit of social insurance provided an ideal vehicle for the furtherance of National Socialist claims that the regime was pursuing a policy of improving health and welfare services, of creating an egalitarian *Volksgemeinschaft* and of advancing the cause of science and medicine.

The cure, with its emphasis on natural remedies, fresh air, exercise and healthy diet, was promoted as part of a campaign to improve the nation's fitness, "many sick persons...regain their full capacity and ability to work as a benefit of a drinking cure or spa treatment."³⁵ And at the same time "a stay in a spa or health resort should...help to educate healthy and sick alike for the structuring of the new German *Volk*."³⁶ Remedies used for spa treatment were ideologically sound, issuing as they did from German *Boden* and those aspects which corresponded to the ideals of a "back to nature" and healthy living movement were emphasized and recommended.

In 1934 an amendment was made to the Insurance Acts which telescoped §1269 and §1306 into §1310 and stated that a cure could be granted when in so doing, "the threatened invalidity of an insurant or widow would be prevented and when an

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invalid, widow or widower entitled to a pension would recover their ability to earn a living." Which in reality meant that the 1911 Acts remained unchanged in essence.

The cure as a luxury and the old exclusive atmosphere of traditional spa life had, it was claimed, disappeared. As K. Schnelle wrote:

Whilst in earlier times it was the privilege of some well-off classes, along with many other comforts in life, to take a cure in a spa, the years since the war, and particularly the years since the National Socialist seizure of power have witnessed all classes benefiting from these healing treasures of nature.³⁷

The medical profession, still smarting from their experiences of the Weimar Republic which had not "given the doctor what is his due",³⁸ were enthusiastic supporters of the new regime. They joined the NSDAP in significant numbers, visualizing a prosperous future and restitution of their former revered status. This was true of spa doctors too. Balneotherapy was said to have received scant attention prior to 1933; "only in the Third Reich did treatment employing the natural healing properties of the German earth come to wide public attention."³⁹

In line with the programme of *Gleichschaltung* the formerly self-administering health insurance bodies lost their autonomy and the Federation of German Spas was dissolved in 1933 and the administration of spas incorporated into the

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National Tourist Authority. This was not, however, a shift in emphasis towards cures as holidays; holidays with pay as a statutory entitlement were extended from three to six days in 1933 and the average stay of a cure-guest was 21.7 days⁴⁰. And whilst many claims made by the National Socialist regime concerning cures were exaggerated and used for propaganda purposes, the essential elements of a cure as a period of recuperation and convalescence using mineral water springs were not altered nor were their beneficial effects challenged.

It is difficult to assess the impact of the *Kraft durch Freude (KdF)* movement on cure-taking. As part of the German Labour Front *KdF* provided cheap leisure and holiday activities for its members of which there were 2.3 million in 1934 and 10.3 million by 1938.⁴¹ Tourism gained economic significance under fascism - 9.6 million holidays taken by *KdF* members in 1937⁴² - a holiday for one in nine Germans. For many this would have been their first. However, the extent of Nazi propaganda must be taken into consideration. A survey conducted in Mannheim⁴³ suggests that holidays accounted for only a small part of *KdF* activities. Of the 820,000 who had taken part in *KdF* events there in 1937, only 100,000 went on one or two day excursions, 11,000 on a fortnights holiday and barely 1,000 enjoyed one of the cruises to Norway, Italy or Madeira of which Nazi propaganda made so much.

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The figures for short-stay visits to Bad Ems (see Table II below) show an increase from 1933 to 1936. *KdF* members had the payment of local cure tax waived or reduced by mayors of spa resorts, as their conscience led them: "When taking a decision it should be remembered that these journeys are an important measure of social relief work and an additional promotion to the tourist economy."⁴⁴ However, "spas and health resorts were only partly affected by these trips. Spas were only involved with *KdF* travellers to a limited extent so that revised cure tax arrangements were unimportant for cure-taking and unproblematic for spa administrations."⁴⁵

TABLE II

SHORT-STAY VISITS TO BAD EMS

1933	13,621
1934	16,335
1935	17,559
1936	20,829
1937	19,662
1938	16,209
1939	14,155

SOURCE: Staatliche Kurverwaltung, Bad Ems.

Even if it is true that holidays were not taken in great numbers through *KdF*, their activities must have raised a great many Germans' awareness and perception of travel and leisure opportunities. And whilst research for this study at a national level and in Bad Ems revealed no evidence of any direct involvement with *KdF*, one spa, Bad Soden-Salmünster in Hessen reported that in 1939, "the German Labour Front's

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plan to extend the spa to become a social spa (KdF-spa) was wrecked by the outbreak of the Second World War."⁴⁶

What does emerge from this period is that cures at spas and health resorts, were promoted and extended on egalitarian lines under National Socialism; egalitarian, that is, as defined by the Nazis who had begun to exclude large numbers of Germans (Jews, political opponents, 'asocials' and severely handicapped persons) from their concept of *Volksgemeinschaft*. The year 1933 thus marks a turning point in the fortunes of cures at Bad Ems when the decline in the total number of guests which had occurred since 1930 was halted, albeit the number of foreign guests did not improve until the following year and even then only for two years. The number of social insurance cures at Bad Ems increased as a percentage of all cures in this period from 21% in 1933 to 27% in 1938, compared with only 8% in 1927.

TABLE III

	<u>PRIVATE</u> <u>(GERMAN)</u>	<u>SOCIAL</u> <u>INSURANCE</u>	<u>PRIVATE</u> <u>(FOREIGN)</u>	<u>TOTAL</u>
1933	4,785	1,439	676	6,900
1934	4,979	1,906	854	7,739
1935	5,143	2,236	931	8,310
1936	5,333	2,254	921	8,508
1937	6,398	2,277	915	9,509
1938	6,160	2,501	753	9,414
1939	5,933	2,250	346	8,547

SOURCE: Staatliche Kurverwaltung, Bad Ems.

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Guests enjoying a cure as a benefit of social welfare policies were members of one of the statutory insurance bodies, beneficiaries of charitable institutions, members of the armed forces, special SS troops, war invalids and the less well-off German *Volksgenossen* of Aryan decent.⁴⁷ Foreigners were granted no price reductions, and concessions "of any kind for Jews cannot be considered under any circumstances."⁴⁸

The increased number of social insurance guests did not, however, mean that Bad Ems had become totally reliant on the spa economy. As will be remembered, there was still mining in Bad Ems, and whilst its fortunes had been waning for a number of years in the face of fierce opposition from the spa administration, there was a change after 1933. Rearmament and autarky meant that metal deposits became vital to the needs of the regime. And during National Socialism the quest for, and importance of, raw materials resulted in increased mining activity in Ems and an end to the dispute concerning possible adverse effects on the mineral springs.⁴⁹

The main economic base in the town remained, however, the spa and the cure, which flourished in 1937 and 1938. There was a fall in numbers in 1939, and again in 1940 and, as in the Great War, so in World War II many cure homes and clinics were taken over as military hospitals. Despite reduced

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capacity private cures were undertaken and social insurance cures were still granted as the regime attempted to maintain normality. Indeed, social cures provided an average of more than 30% of all guests in the war years.

TABLE IV

	<u>PRIVATE</u>	<u>SOCIAL INSURANCE</u>	<u>TOTAL</u>
1940	2,304	1,063	3,367
1941	4,585	1,933	6,518
1942	3,911	2,036	5,947
1943	3,542	1,595	5,137
1944	4,162	-	4,162
1945	-	-	-

SOURCE: Staatliche Kurverwaltung, Bad Ems.

Germany's defeat was followed by a period of hardship and disruption, especially before the currency reform. There were shortages of food, fuel and shelter. Travel was dislocated and further hindered by the problems involved in moving between the occupied zones. Nevertheless spas quickly began to administer cures once more. And whilst there are no national figures for the early years, the German Spa Yearbook of 1949 reported that, "it is a particularly pleasing fact that already in 1946...efforts to administer cures were successful and that the often restricted space...was constantly in use"⁵⁰ In a country where "at least one million ex-servicemen had suffered severe injuries and were disabled [and] civilian health was also badly shaken"⁵¹ it is not surprising that demand exceeded supply.

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The first Federation of German Spas Congress after the war was held in September 1947 in Norderney and reported a "tough struggle" with the occupying powers in their efforts to re-open spas "principally because one often came up against a total lack of understanding as to the importance of cures for the health of the population."⁵² Much accommodation had been commandeered for troops, evacuees and refugees which together with territorial changes, was restricted.

In 1949, following the currency reform, contributions to, and the scope of, social insurance was adjusted (*Sozialversicherungs-Anpassungsgesetz 17.6.1949*) Henceforward an invalid was defined as "that insurant who, as a result of illness or other debility or weakness of his physical or mental strength, is unable to earn at least 50% of expected earnings of someone with similar training in similar employment" - previously the loss of earnings level had been 66.6%.⁵³ In 1954 it was reported that approximately 80% of the total population of the Federal Republic was part of the statutory insurance schemes. Thus the possibility of granting a cure had existed in substantially the same form since 1911. Changes in the economic climate and the experience of the interwar period had, however, produced a new attitude towards the social cure; the social insurance guest, who had been the cinderella at the spa, became a much wooed princess.

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The medical profession too was changing its stance. As we shall see below, balneology had gained greater recognition. Medical opinion "increasingly recommend cures in spas and health resorts as necessary to prevent chronic illness... [and]...the idea is put forward that cures are primarily part of medical preventative measures".⁵⁴ It was this notion of prevention which was to play an important role in the future of the social cure, especially in the revision of the pension insurance system undertaken in 1957.

Hüfner's study⁵⁵ of the social cure takes the 1957 Insurance Revision Acts as its starting point, but, as the figures show, social insurance cures had been playing an important role in the survival of spas for a number of years before that. From a purely statistical standpoint, data collected from 1957 onwards are more accurate and reliable. However, to begin so late in the history of the modern social cure would miss the continuity of cure-taking in Germany and its dramatic recovery after the Second World War.

In the early postwar years cures were funded by the health insurance and the invalidity and old age pensions bodies and granted as a benefit of the War Pensions scheme, "to provide compensation in respect of injuries sustained, by means of curative treatment..."⁵⁶ Such measures promoted Erhard's idea of *Wohlstand für alle* which, it was hoped, would grow out of the 'Economic Miracle' which brought

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prosperity to many, although by no means all Germans. Economic recovery enabled many Germans to finance their cure themselves and this return to the spa immediately after the war can be at least partially explained when seen as part of the general attempt by "many middle-class West Germans... to restore their social and cultural institutions" which "by starting up again after the war as if nothing had happened... contributed to the creation of a public atmosphere in which self-pity and nostalgia replaced self-scrutiny."⁵⁷

In 1949 the *Deutscher Bäderverband* reported that "compared with the summer of 1948 there is an encouraging increase in spa business."⁵⁸ Figures for cures in sixty-eight spas (none of which was a coastal spa) show that the number of cure-guests had risen from 170,881 to around 276,000, an increase of 61% although in comparison with 1938, for which only 26 spas submitted figures, numbers were still only 50% of the pre-war figure.

The 1949 Yearbook lists 239 spa and coastal health resorts, substantially less than pre-war numbers, at least seventy-four lost through boundary changes.⁵⁹ Of the 239 only 170 submitted figures for cures and it is unclear why the others failed to do so; nine reported that they were unable to take guests because they were occupied by Allied army troops, four were simply "closed" and fourteen had either no or very restricted opportunities to provide accommodation, and of the

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86,652 beds registered, 43% were in coastal resorts. One year later a total of 956,000 cures were registered in 170 spas.⁶⁰ By 1953 the total number of cures had risen to 1,490,000, by 1955 to 1,828,000 and in 1956 topped the two million mark - 2,045,000.⁶¹

A survey conducted in nine spas in the Federal Republic of Germany shows a mean average increase in the three years between 1951 and 1954 of 72%, which had slowed to a mean average of 39% between 1954 and 1957.

TABLE V

	<u>1951</u>	<u>1954</u>	<u>% increase</u> <u>over</u> <u>previous</u> <u>year</u>	<u>1957</u>	<u>%increase</u> <u>over</u> <u>previous</u> <u>year</u>
Driburg	6,300	11,800	+87.3%	16,800	+42.4%
Nauheim	16,800	29,100	+73.2%	32,600	+10.7%
Orb	17,700	24,200	+36.7%	32,000	+32.2%
Wenndorf	8,400	12,300	+46.4%	17,700	+43.9%
Schlangenbad	3,000	4,200	+40.0%	6,300	+50.0%
Wildbad	13,700	20,500	+49.6%	26,200	+27.8%
Hersfeld	2,100	4,900	+133.3%	7,300	+48.9%
Homburg	2,000	4,800	+140.0%	7,300	+52.0%
Neuenahr	9,700	14,100	+45.4%	19,800	+40.2%

*Figures to nearest thousand.

SOURCE; Hufner, G., *Die Sozialkur und ihre statistische Erfassung* (Kassel, 1969), p.83 (Calculations JBR)

In Bad Ems there was an increase of 50% between 1951 and 1954 and 19% between 1954 and 1957. And as we shall see in the following chapter, recovery there had begun much earlier. By 1953 Bad Ems had more guests than at any time in its history, 12,271 and by 1957 this figure had reached 16,359. The

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significance of the social cure in this recovery process has been paramount - from 1949 onwards there have always been more social insurance cure-guests there than private guests in Bad Ems.

A breakdown of national figures into private and social insurance cures was first conducted in 1955 when 452,000 social cures were registered, rising to 512,000 in 1956 and to 593,000 by 1957, representing an annual increase of 13.3% and 15.8% respectively and accounting for 24.7% of all cures in 1955, 25% in 1956 and 25.9% in 1957.⁶² The growing importance of social insurance cures is also evident in the numerous references to social cures in the 1949 and 1951 Yearbooks, "The social insurance bodies, who have become ever more important for cure treatment, have not failed in times of financial need."⁶³ By 1954 a whole chapter of the yearbook is devoted to "spa cures in statutory insurance and national welfare laws"⁶⁴ and sets out entitlements to and the principles behind cures as a benefit of social insurance based on the 1934 Amendment Acts.⁶⁵

In 1953 an Advisory Committee for the Reform of Social Services was set up which, after a period of discussion, outlined the framework of legislative reforms to the welfare system of the Federal Republic. The revised system of social insurance aimed at moving "beyond the bounds of its original purpose, which was merely to provide help in the case of

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extreme need. It is no longer confined, either in its nature or its amount merely to the relief of distress, but is designed to safeguard the social status of the insured person and his survivors."⁶⁶ With this in mind provisions "for the maintenance, improvement and recovery of employability" were extended and clarified by the Pension Insurance Reform Laws (*Rentenversicherungs Neuregelungsgesetze*) of 1957.

The draft bill presented in 1956,⁶⁷ (*Entwurf eines Gesetzes zur Neuregelung des Rechts der Rentenversicherung der Arbeiter und der Angestellten*)⁶⁸ on the reform of the pension insurance system emphasized that its proposals would bring about "a decisive improvement through the reshaping of the benefits system in the case of invalidity. The aim of invalidity insurance is no longer primarily the provision of a pension but rather re-integration into working life."⁶⁹

On the basis of statistics provided by the Pension Insurance Bodies (which were not quoted) the explanatory notes of the draft bill concluded that "since the last war the proportion of pension claimants below retirement age has increased extraordinarily,"⁷⁰ and the concept behind the provisions of the Pension Insurance Reform Acts was that "the promotion of health and occupation [is] more rational and advantageous, both for the insured person and the economy as a whole, than the payment of a pension."⁷¹

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Measures were thus introduced "which have been applied by the Accident Insurance system and War Victims Welfare ... with good results,"⁷² which would enable the insurant "to provide for his livelihood through work"⁷³ and gave precedence to the recovery of the ability to earn a living:

Measures for the maintenance, improvement and recovery of the ability to earn a living stand at the forefront...of the attempt [to reduce the number of early pensions] which is in the interest of both the insurant himself...as well as in the interest of the whole population.⁷⁴

The Acts⁷⁵ defined the task of the Pension Insurance Bodies as:

1. The maintenance, improvement and recovery of the insurant's ability to earn a living.
2. The provision of a pension in the event of inability to pursue a profession (*Berufsunfähigkeit*), earn a living (*Erwerbsunfähigkeit*) or in old age.
3. The provision of a pension to dependents of deceased insurant and,
4. the pursuit of measures to improve the health of the insured population.⁷⁶

The new legislation aimed to "keep insured persons, so long as possible, and to the greatest extent possible, fit and well as full members of their community up to the time they reach the age of retirement"⁷⁷ and the special task of the Pension Insurance was to "maintain the employability, the will to work, of the insured person when it is endangered, to

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improve it if it is diminished, and, if possible, to restore it completely,"⁷⁸ or, as the Act itself states:

If the ability to earn a living of an insurant is in danger or reduced as a consequence of illness or other infirmities, or debilities of his physical or mental capacities, and can probably be maintained, essentially improved or recovered, then the Pension Insurance can provide measures described in §1237⁷⁹ for the maintenance, improvement or recovery of the ability to earn a living.⁸⁰

Before looking at the measures it would perhaps be helpful to look at exactly who is covered by these insurance schemes and also to define and clarify the term "(in)ability to earn a living, or as the Federal Ministry of Labour and Social Affairs translates it "(un)employability", which, because of its relative brevity will be used in the following.

Firstly then the scope of the pension insurance schemes. As mentioned above, in 1911 manual workers and non-manual employees were organised into separate insurance schemes and these old divisions have been maintained, thus restoring the social structure of the pre-Nazi era. Today there are eighteen federal-state institutions for manual workers and craftsmen (*Landesversicherungsanstalten für Arbeiter - LVA*) a National Insurance Institution for non-manual workers (*Bundesversicherungsanstalt für Angestellte - BfA*), a National Miners Relief Association (*Bundesknappschaft*), together with a National Railworkers Insurance Institution, a National Seaman's Fund and an Agricultural Workers Fund. The

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schemes are compulsory for all employees "working for remuneration", including "apprentices and others engaged in vocational training, even if they receive no pay"⁸¹, regardless of income. Those not insured in these schemes are "employees of the Federal Government, the *Länder*, Associations of Municipalities, Local Authorities, Administrations of Social Insurance, the Federal Institute for Labour, the German Federal Bank, religious communities recognised as corporations in public law, judges and clergymen...regular soldiers of the Federal Armed Forces"⁸², who are part of a different state scheme.

The major part of the schemes is financed by contributions, with a grant from the government which is linked to past national average income. This compensates for the lack of contributions from the unemployed, low paid, students and those doing National Service. The government also contributes towards the payment of pensions for war invalids/widows and the *Rehabilitation* programme (see below). The statutory pension insurance bodies are incorporated under public law (as are, for example, universities and local authorities). They are autonomous legal entities, whose self-governing organs are solely responsible for carrying out the tasks assigned them by law, although they are subject to state supervision. The self-governing organs are the member's representative board (*Vertreterversammlung*) and the management board (*Vorstand*). Both comprise an equal number

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of elected representatives of the insurants and their employers. The members' representative board act as the legislative body, while the management board is responsible for administration.

Contributions were calculated at 18.5% of the insurants gross income in 1981, having risen steadily from 10% in 1950, the cost being equally divided between employer and employee. The amount of the contribution is now adjusted annually and is set by the Ministry of Employment and Social Affairs.

As mentioned above, the statutory pension insurance schemes provide pensions as well as measures for maintaining, improving or recovering the insurants employability in the event of a "reduced standard of employment in the customary occupation - *Berufsunfähigkeit*."³³ This is judged to have occurred when an insurant's earning capacity "has been reduced to less than half of that of a physically and mentally healthy person with similar training and equal knowledge and skill"³⁴ as a consequence of illness, infirmity or deterioration of physical or mental health.

The term "unemployability"³⁵ (*Erwerbsunfähigkeit*) is applied to insurants who, "by reason of sickness or other infirmity, or weakness of their physical or mental health, are for an unforeseeable period incapable of following a gainful

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occupation with any degree of regularity, or of earning more than a negligible amount."⁶⁶

Having established who the acts cover and how (un)employability is defined, section §1237 of the ArVNG (§14 of the AnVNG; §36 KnVNG) can be considered. Here the *measures* for the maintenance, improvement or recovery of employability are set down as encompassing curative treatment, occupational furtherance and social welfare⁶⁷ and *curative treatment* further defined as including "all necessary medical treatment, in particular in spas and health resorts as well as in special establishments."⁶⁸

In essence then a cure could be provided if it was expected that it would prevent invalidity, i.e. a claim for an early pension and restore the ability to earn a living to those otherwise entitled to such a pension, a concept which became the foundation of the work of the Pension Insurance Bodies, known by the blanket term 'rehabilitation'.

The term rehabilitation was not new, but was embodied for the first time in the 1957 Acts. It emerged from the medical concept of re-integrating patients following an accident. In its post-war guise, "it does not simply mean the recovery of physical health but also the mental and social re-introduction into the ordered, suitable rhythm of life and employment."⁶⁹ Rehabilitation thus includes "medical

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treatment, drugs and surgical dressing, cure treatment including physiotherapy etc. ... Particularly emphasized are the curative treatments - above all in spas...including necessary accommodation and care."⁹⁰ Indeed such has been the impact of rehabilitation that the *BfA* defines cure treatment as "belonging to rehabilitation measures" rather than the other way round.⁹¹

A cure as a benefit of the social insurance bodies covers the cost of doctors or specialists in clinics, accommodation and care in a cure home, plus medicines and treatment including spa remedies (e.g. mineral spring water baths, mud baths, exercise baths, inhalation, etc) and spa treatment (massage, Kneipp, electrotherapy etc.) as well as relaxation therapy, advice on diet and lectures on health.⁹²

The path to obtaining a cure involves an application from the insurant, which must be accompanied by a medical certificate recommending same issued by the family doctor, the doctor at the workplace or a doctor who has known the insurant for some time, to the relevant insurance institution. The insurance body in turn arranges for one of their own doctors to examine the applicant and both medical reports are then scrutinised. Provided that the insurant is entitled to a cure under the terms of their insurance and that there are sufficient medical grounds, the insurant will be granted a cure, usually

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of four weeks, at a spa designated by the insurance body's doctor and at a date recommended by same.

To summarise, the Pension Insurance Revision Acts of 1957 clarified the procedure of granting cures as a benefit of statutory insurance. Henceforward cures could be financed by the pension insurance schemes when it was expected that such treatment would maintain, improve or restore employability rather than the former practice of granting cures when the insurant was already an invalid, or was threatened by invalidity and, furthermore, specifically stated that treatment was to be administered primarily in spas.

Figures show, however, that social cures were being taken in substantial numbers in the years immediately after the Second World War and had increased dramatically before the Acts took effect, and in this sense they merely formalised a well-established practice. On a national level, despite rationing, scarce accommodation and travel restrictions, the first decade after the war witnessed a boom in cure-taking, and this upward trend in the number of cures, both private and social, continued for a further decade (see Table VI).

The ten years immediately following the introduction of the 1957 Revision Acts were ones of economic growth in West Germany and over this period there was a steady increase in

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the number of social cures which passed the million mark for the first time in 1967.

TABLE VI

CURES TAKEN IN WEST GERMANY

	<u>PRIVATE</u>	<u>SOCIAL</u>	<u>TOTAL</u>
1956	1,533,000	512,000	2,045,000
1957	1,691,000	593,000	2,284,000
1958	1,634,000	653,000	2,287,000
1959	1,928,000	708,000	2,636,000
1960	2,117,000	762,000	2,879,000
1961	2,245,000	781,000	3,026,000
1962	2,215,000	832,000	3,047,000
1963	2,333,000	842,000	3,175,000
1964	2,456,000	867,000	3,323,000
1965	2,580,000	885,000	3,465,000
1966	2,618,000	914,000	3,532,000
1967	2,579,000	1,044,000	3,623,000

Figures to nearest thousand.

SOURCE: 1956-1964; Deutscher Bädervervand e.V. (ed.), *Jahresbericht 1964-65* (Bonn, 1965), p.4
1964-67; Deutscher Bäderverband e.V. (ed.), *Jahresbericht 1980* (Kassel, 1981), p.24

As mentioned above, the separation of social from private cures at a national level was first conducted in 1955. Unfortunately, however, the categorisation methods employed present an unclear and often misleading picture of the number of guests visiting a spa or health resort to undertake a cure.

The figures, compiled by the Federation of German Spas (*Deutscher Bäderverband*) - DBV, are based on information submitted by the spa administrations which in turn draw their statistics from the register of guests paying cure tax. This

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is a tax levied on all visitors staying for more than four nights (visitors staying for less than four nights being *Passanten*). The category 'social insurance cure-guest' includes all those whose cure has been funded by one of the statutory insurance bodies as members of the health insurance funds - *Orts- Ersatz- Innungs- and Betriebskrankenkassen* and the Pension insurance bodies - *Landesversicherungsanstalt für Arbeiter (LVA)*, *Bundesversicherungsanstalt für Angestellte (BfA)*, *Bundesknappschaft*, *Bundesbahn* and *Seekasse*. All other guests are defined as 'private' cure-guests. This classification cannot, however, be taken to mean either that all such guests are undertaking a cure or that as a cure-guest they have actually financed a cure themselves. Friends or relatives accompanying a social insurance cure-guest, persons on business trips and holiday-makers who may partake in no form of cure treatment are counted together with cure-guests paying for their own cure and cure-guests who are not members of a statutory insurance scheme, such as civil servants and *Angestellte* in public service, whose own welfare facilities provide financial support for a cure which can be as high as 75% of the total cost.

The Trade Association of German Spas and Health Resorts (*Wirtschaftsverband Deutscher Heilbäder und Kurorte*) defines a private guest as one who "essentially bears the cost of the cure themself."²³⁰ Whilst the subsidy given by some health

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insurance bodies is so small, around 10 DM per day, that it is accurate to state that the cure-guest is "essentially self-financed" *Beamte* and *Angestellte* in public service, as Hüfner points out,³⁴ receive substantial support.

Writing in 1976, Delius³⁵ found it "problematic to accept that there is a yearly total of around 5 million cure guests," and the inclusion of visitors to coastal resorts would seem to inflate the number of actual cure-takers with an unspecified number of holiday-makers. Delius has estimated that the ratio of social insurance and 'private' cure-guests receiving a subsidy is something in the region of 70:30, thus making a yearly total of two million "contract-guests".³⁶ The German Economic Institute for Tourism at the University of Munich, in its 1973/1974 report,³⁷ points to the substantial subsidies which many 'private' guests receive and concludes that "the number of real self-financers can therefore, not be more than 10% of all cure-guests in spas."³⁸ Unfortunately, neither gives statistical information to substantiate these figures.

Hüfner's study reveals a pattern in the private category which suggests that many of those subsumed under the heading 'private cure-guest' are holiday-makers. He considers the length of stay, the time of year of the visit and the number of cure remedies (i.e. massages, mud-packs, baths etc.) administered. Figures for private cure-guests reveal that on

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average they visit a resort for two weeks - the traditional duration of a holiday - compared with the usual four week cure. The pattern of high demand during the popular summer months has also been retained by the private category, whereas social insurance cures are represented by a fairly stable demand spread between January and November.⁹⁹ The number of remedies administered to all guests shows that each cure-guest at a mineral water spa partakes, on average, 13.28 remedies during their stay, whilst visitors to coastal or climatic resorts consume only 0.75 each.¹⁰⁰ This indicates a much lower degree of participation in treatment at the more traditional holiday resorts which would support the theory that many of the so-called private cure-guests are in fact holiday-makers.

Looking at a breakdown of guests visiting the four main types of spas and health resorts in Germany we find that at the mineral water and mud spas, where spa treatment has retained the traditional remedies of bathing or drinking cures, the proportion of social cure-guests, in 1964 for example,¹⁰¹ is greater than at the other types of resort.

In percentage terms social insurance guests represented 47% of guests at mineral water spas, 16% at Kneipp spas, 12% at coastal resorts and 8% at climatic resorts, and by 1979 these percentages were 48.6%, 22.3%, 9.1% and 7.3% respectively.

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TABLE VII

NATIONAL FIGURES FOR CURES IN 1964

	<u>PRIVATE</u>	<u>SOCIAL</u> <u>INSURANCE</u>	<u>TOTAL</u>
Mineral and Mud spas	721,672	649,639	1,371,311
Coastal resorts	768,318	108,211	876,529
Kneipp spas	232,476	44,024	276,500
Climatic resorts	733,634	65,594	799,228
	-----	-----	-----
	2,456,100	867,468	3,323,568

SOURCE: Deutscher Bäderverband e.V. (ed.), *Jahresbericht 1964-65* (Bonn, 1965), p.6

The significance of the social insurance cure-guest is, therefore, particularly important in spas such as Bad Ems where, as mentioned above, since 1949 there have been more social insurance guests than 'private'. Indeed, 77% of all social insurance cures taken in 1965 (72% in 1980) were taken at the more traditional mineral water/mud spas.

A downturn in the economy between 1967 and 1968 was mirrored by an immediate 17.5% fall in the number of social cures. As we see from Table VIII, recovery was slow, and it was not until 1973 that the 1967 figure was exceeded at a national level.

After the decline in social cures during the recession in the sixties, and a boom year in 1974, numbers fell between 1976 and 1978 when once again wider economic trends were reflected in the number of social cures. This second decline was intensified in 1977 by a re-adjustment to the 1957

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Insurance Act which imposed a minimum waiting period of two years between cures. At the same time the government recommended that the health insurance funds and the pension

TABLE VIII

NATIONAL FIGURES FOR CURES 1968-1980

	<u>PRIVATE</u>	<u>SOCIAL</u> <u>INSURANCE</u>	<u>TOTAL</u>
1968	2,810,000	861,000	3,671,000
1969	3,084,000	931,000	4,015,000
1970	3,244,000	949,000	4,193,000
1971	3,412,000	1,007,000	4,419,000
1972	3,495,000	1,043,000	4,538,000
1973	3,787,000	1,087,000	4,874,000
1974	3,764,000	1,156,000	4,920,000
1975	3,932,000	1,146,000	5,078,000
1976	3,963,000	1,000,000	4,963,000
1977	4,243,000	983,000	5,226,000
1978	4,427,000	1,051,000	5,478,000
1979	4,391,000	1,175,000	5,566,000
1980	4,667,000	1,250,000	5,917,000

SOURCE: Deutscher Bäderverband e.V. (ed.),
Jahresbericht 1980 (Kassel, 1981), p.24

insurance bodies should co-operate and exchange information regarding applications for cures following the discovery that some insurants were claiming a cure as a benefit alternately from each scheme. There are no figures to show the extent of this practice, but its revelation produced strong criticisms in the national press. In an article in *Die Zeit* in 1976¹⁰²⁰ the fall in the number of social cures during the 1967-68 recession was seen as an indication that not all cures were medical necessities: "In the years of crisis between 1967 and 1968 many people suddenly felt much healthier". The fact that there was only a slight hiccup in the number of

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'private' cures was explained in the same article by the fact that the security of tenure enjoyed, for example by civil servants, enabled them to take leave of absence without fear of losing their job and that they "take cures, even in a slump, as keenly as before."¹⁰³

A number of articles have since appeared alleging that cures were holidays on prescription. The media coined the word *Kurlaub* (joining the German *Kur* with the word for holiday *Urlaub*) to express the opinion that many people were taking advantage of the statutory insurance schemes to finance a holiday.

Accusations of *Kurlaub* have been vehemently denied and disputed by the spa authorities, spa doctors and the insurance bodies. They were further annoyed by Chancellor Schmidt who, when outlining proposed government spending cuts during the most recent economic recession in West Germany in a statement to the press on 31st July 1981 remarked:

I want to name the most important areas in which spending cuts, either by legislative or budgetary decisions, will have effect. The limitation of the *Kurlaub* will prove a considerable saving...we do not intend to curtail those cures which are necessary.¹⁰⁴

Schmidt's use of the term *Kurlaub* caused much anger among the insurance bodies and spa authorities who had been attempting to combat criticisms that cures were simply glorified

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holidays financed by the statutory insurance schemes for some years and as we shall see in the chapter on treatment below, efforts to allay such suspicions resulted in more strictly administered and controlled cures.

The legislation introduced on 1st January 1982 (*Kosten-dämpfungs-Ergänzungsgesetz*) reduced state contributions towards the cost of social cures. The pension insurance bodies were ordered to reduce their expenditure in the area of cures by 400 million DM in 1982 and by 800 million by 1985 and the health insurance bodies to reduce their spending on cures by 200 million DM by the same date. The minimum waiting period between cures was increased to three years and insurants over the age of 59 were excluded from the rehabilitation programme. The conditions for granting a cure were also amended so that they could be given only if the ability to earn a living "was considerably endangered or weakened" and "only when treatment can...essentially improve or restore the ability to earn a living" omitting the earlier aim of "maintaining" the ability to earn a living. At the Federation of German Spa's annual conference in 1981 all delegates expressed deep concern over the government's plans and predicted a fall of 30% in the number of cures with a resulting loss of 10,000 beds and 50,000 jobs.¹⁰⁵⁰

The slogan adopted at the time of the 1957 Insurance Acts - *Kur geht vor Rente* - has been modified in the press to read

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*Kur geht vor die Hunde.*¹⁰⁶⁾ At the beginning of 1983 a compulsory payment of 10 DM per day per patient was introduced which, together with the other restrictions mentioned above did indeed result in an average 30% fall in the number of cure-guests by 1983.¹⁰⁷⁾ Since then, however, the number of cures has once more begun to rise and spas continue to play an important and integral part of life in West Germany today.

This chapter has been concerned with the evolution of the social cure. Cures as a benefit of state welfare provision arose in national context from the insurance schemes introduced in the 1870's. Since then there have been many legislative changes, some of which have been rather technical. Such developments have been discussed in detail because this forms the background to a more detailed examination of the shift in the sociology of guests in Bad Ems in the age of the social cure to be examined in Chapter Six.

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Footnotes

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- 6) two decisions: one of Prussian Court in case of regional charity vs. health insurance fund in 1887 and 1895 decision of Hesse court in Darmstadt in case of insurant vs. health insurance fund see Hüfner, G., *Die Sozialkur und ihre statistische Erfassung* (Kassel, 1969), p.6. fns 11 and 12.
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- 28) Eyck, E., *A History of the Weimar Republic* (London, 1964), p.115.
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CHAPTER THREE

Bad Ems since World War II

This chapter picks up the thread at the end of Chapter One and continues to examine the social history of Bad Ems after the Second World War. However, before we begin our detailed look at the spa town it seems appropriate to provide the wider political and economic background to post-war developments in the region. This means that we shall have to examine the impact of occupation and the re-emergence of political and economic life in what was to become the state of Rhineland-Palatinate.

As a large military hospital base Bad Ems was not bombed during the Second World War, although the last few days of hostilities brought fighting and some casualties to the town. All four bridges across the River Lahn were destroyed by the retreating German troops, thus separating the approaching 1st and 3rd U.S. Armies which entered Bad Ems in March 1945. In the uncertain days immediately before the arrival of the Americans the military hospitals were cleared and food supplies for the town removed from the depot by the departing German troops. On 26th March the mayor ordered the evacuation of the town, "but only a few women obeyed. He fled together with some officials, but did not get far."¹ There was some resistance on the Spieß side of the Lahn near the railway station and "twelve people, mainly women, were killed and forty houses damaged"² when American tanks rolled

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in. U.S. troops occupied Bad Ems until July 1945 when it was handed over to the French.

Local historian Billaudelle claims that, "the change from American to French occupation...produced harsh consequences for the population of the town and spa,"³ particularly with the setting up in Bad Ems of the General Command North of the French occupying army. Many hotels, guest-houses and private homes were used to billet troops and commandeered to accommodate evacuees from bombed towns and cities, particularly from Koblenz. Billaudelle adds further that the spa "lost the basis of its livelihood for an indefinite period."⁴ The town must indeed have been overcrowded for some time. At its height the military presence amounted to eight thousand personnel which allegedly "harassed and oppressed the population of a town already full up with refugees and evacuees...living on rations of only 438 calories per day in 1948"⁵ - compared with 1,100 calories in 1946⁶ and well below the daily ration recommended in the British zone of 1,500 calories daily albeit that in 1945 this "had slumped to between 950 and 1,150 calories."⁷

The housing shortage was acute and the economic situation was no doubt difficult; "most Germans in the late 40's [were] living...under conditions of extreme austerity."⁸ Food and fuel were in short supply and the population was confused and demoralised. Soldiers returning to Bad Ems

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found the mines closed - flooded when the electricity failed - and employment scarce. Under conditions such as these it is remarkable that any cures were administered at all in the years immediately after the war. Nonetheless, a total of 1,069 cures were taken in 1947, of which 222 were funded by the statutory insurance schemes. When, in the following year, the *Albert Kurheim* and the *Marian Krankenhaus* regained civilian status, numbers increased with social insurance cures representing 36% of all cure-guests in the town. Just one year later, in 1949, there were for the first time more social insurance guests than private guests (see Table I). Thus whilst the presence of French troops in Bad Ems obviously affected business in the town a claim that "after the Second World War the cure and spa institutions were blocked by the occupation until 1953"⁹⁹ is contradicted by statistics.

TABLE I

	<u>PRIVATE</u>	<u>SOCIAL</u> <u>INSURANCE</u>	<u>FOREIGNERS</u>	<u>TOTAL</u>
1947	847	222	-	1,069
1948	739	424	2	1,166
1949	1,731	1,928	22	3,701
1950	2,745	3,487	101	6,333
1951	4,064	4,845	196	9,105
1952	4,150	6,105	289	10,544

SOURCE: Staatliche Kurverwaltung, Bad Ems.

"The development of [Bad Ems]...in the last century was hampered by the conflict between the needs of a restful spa on the one hand and those of...industry. In the meantime it

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has become clear that the decision has been taken in favour of the spa.¹⁰⁰ The importance of the cure for the future of Bad Ems is evident in the programme of reconstruction undertaken in the immediate post-war years. In 1946 essential work began repairing the bridges across the Lahn, the *Kaiserbrücke* being the last to be restored in 1954, and on the railway. Priority was, however, given to the spa's facilities. Thus in 1946 work began replanting the spa gardens and relaying the golf-course, part of which had been ploughed up and farmed during the war. The roof of the *Kurhaus*, damaged by fire in the spring of that year, was repaired and despite a shortage of materials and investment money the spa was soon able to offer a surprising amount of traditional entertainment. A cinema opened in 1946 and the theatre was re-opened in the following year along with the reading room in the *Kursaal*. In September 1948 a Grand Ball was held in the *Kursaal* and by the summer of the following year the *Marlbergbahn* was operating once more.

Treatment facilities were also limited in the early post-war years. In 1946 Heyer's inhalatorium re-opened, but the spa remedy centre was unable to operate that year since it was used by the French as a military court.

By 1948 Bad Ems could advertise a total of six hundred beds and an entertainment programme including "concerts, symphony concerts and guest appearances, theatre, cinema, variety

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shows and dancing providing the cultural programme...with numerous sporting activities. Tennis courts, golf course, fishing, water sports, motor-boat trips and coach tours."¹¹⁰ In 1949 "action special train" was introduced and in June of that year three hundred guests arrived by special train from Kassel "and from then on one saw larger groups of visitors in the spa garden, park and promenade."¹²⁰

In 1950 a twenty-two piece orchestra was hired for the season and the rowing regatta was resumed in July of that year. The first Spa magazine for the 1951 season advertised a week's entertainment of three daily concerts, two cinemas, showing light entertainment films like Abbott and Costello, Sinbad the Sailor, The Count of Monte Cristo and One Thousand And One Nights. A fashion show was held modelling, "gowns previously only seen in Paris, Cairo, Alexandria and Athens that have only been in Germany for a few days."¹³⁰ There was a Whitsuntide Ball, plays at the theatre, cabaret and a symphony concert. A tennis tournament was organised, there were opportunities to ride and play golf and a special celebration to mark the 75th anniversary of the Russian Church in Ems. Clearly much thought and energy was being given to setting things in motion again and to providing some light relief for a nation recovering from the devastation of total war. Efforts to re-establish the social and cultural institutions of the spa also reflect the more general mood of

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nostalgia and desire to ignore the recent past in the immediate post-war period identified by Berghahn.¹⁴

In 1952 half a million Marks was given by the *Land* of Rhineland-Palatinate to the town of Bad Ems "primarily for the restoration of the spa... The regional government is totally committed to a substantial investment programme in order to give Bad Ems a strong start for the future."¹⁵ Because the spa at Ems was owned by the government, formerly Prussian, and since the founding of the Rhineland-Palatinate in 1947 owned by the *Land*, the regional government obviously had a greater interest in the future of the spa than in that of other economic sectors in the town and was able to exert its influence on reconstruction plans. Accordingly the money was given with certain provisos, so that none would be invested in re-opening the mines. The foundry had restarted in 1946, providing much needed jobs for some of the ex-mine workers salvaging Rhine steamers sunk during the war. And whilst the local administration recognised the need to establish new industries to compensate for the loss of the mines and reduced number of cure-guests, it was obliged to finance only environmentally sound industries. Bad Ems was consequently "forced to demand the highest (municipal) trade tax in order to maintain *Land* subsidies"¹⁶ which deterred many potential private investors. At the same time the local administration was concerned that "the greatest assets of the place, the beautiful countryside, would be

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impaired...[by industry] so that possible future guests would stay away."¹⁷ The result was that Bad Ems' industrial base was limited to a number of small, specialised industries; a factory making dentists' equipment, two glass works, a saw mill, a timber works and the *Ems Pastillen* factory.

During the Second World War the *Ems Pastillen* industry had again been hit by shortages of vital ingredients and full production was not resumed until 1948. Ten years later Siemens took over and extended the range of products further and today employs twenty persons and manufactures fifty million pastilles each year. The pastilles are recommended for prevention and healing of colds, catarrh, sore throats, hoarseness, catarrh accompanying asthma, bronchitis and heartburn. Siemens also produce *Emser Kränchen* water for a drinking cure at home, *Emser Salz* for infections of the nose and mouth, *Emser Balsam* for external treatment of breathing problems, *Emser Nasensalbe* for use with colds and hayfever and finally *Emser Sole* for the treatment of all the above mentioned complaints using inhalation.

Recovery in Bad Ems was also shaped and influenced by the occupying powers. In 1945 French troops moved into the town when France was allocated the south-western regions of Germany from the Palatinate to Baden and Bad Ems became part of the French zone. The occupying powers determined policy in the respective zones and any political activity had to be

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sanctioned by them. The two local newspapers appearing by 1946 were both licensed and censored by the French military government.

Whilst the American and British zones soon combined as an economic unit (1.1.1947), the French were anxious to retain an autonomous zone and opposed moves towards a centralised administration or inter-zonal organisation. Thus whilst sanctioning the creation of trade unions and political parties at a local level, zonal and inter-zonal organisations were vetoed in 1945. France had specific plans for her zone which were "incompatible with the creation of a central economic administration or with political unification."¹⁸ They rejected centralisation fearing that this would "lead to the recreation of German's military power...[and] to the acceptance of the then-existing frontiers of Germany."¹⁹ And although there was agreement on such issues as the disarmament and demilitarisation of Germany, France had special demands relating to her security as well as "a direct demand that the economy of Germany should be placed at the service of the other powers of Europe and, in particular, France."²⁰

The administration of the French zone, under the military government with its seat in Baden-Baden, was at first divided along the lines of existing administrative units within the zone. Each unit, a *délégation supérieure* was headed by a

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military governor and further sub-divided into provincial administrative districts (*Regierungsbezirke*), county boroughs (*Landkreise*) local authorities (*Gemeinden*). Representatives of the military government were appointed at all levels and until September 1946, "German participation in government was restricted to local administration carried out by nominated officials chosen from the ranks of known opponents of the Nazi regime."²¹ The orders of the military government were passed on by a mayor chosen by the French, whose "method of appointment of these men was haphazard."²²

Bad Ems, formerly part of the Prussian province of Hesse-Nassau, together with three other *Landkreise*, was separated off and given to the French so as to provide a bridgehead on the right bank of the Rhine. This area had a slightly larger Catholic population (53%) as opposed to the Protestant majority (61%) in Nassau as a whole so that it was felt that joining this area with the predominantly Catholic area across the Rhine would be unproblematic. In 1946 Hesse-Nassau was subsumed into the larger regional administrative area of Rhineland-Hesse-Nassau which only lasted for six months with the creation in August 1946 of the Rhineland-Palatinate, which was to have a consultative assembly to be set up after local elections in September and October.

A cabinet for Rhineland-Palatinate was announced in August 1946 made up of officials nominated by the French: six CDU

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members, two SPD and one KPD. The elections that followed created an assembly in each *Gemeinde*, which replaced the consultative committees set up six months previously. The *Landkreis* and *Stadtkreis* elections in October created assemblies which administered local roads, railways, hospitals, public works and finances of the *Kreis*. The consultative assembly was then elected by members of the *Kreis* and *Gemeinde* assemblies of towns with a population of more than seven thousand inhabitants.

TABLE II

RESULT OF GEMEINDE AND KREIS ELECTION
IN RHINELAND-HESSE-NASSAU 1946

	<u>GEMEINDE</u>	<u>KREIS</u>
Turn out	86.4%	79.5%
CDU	49.9%	65.5%
SPD	17.4%	25.9%
KPD	3.8%	5.2%
FDP	-	3.3%
Independent	28.9%	-

SOURCE: Willis, F.R., *The French in Germany 1945-1949*
(Stanford, 1962), p.196

After the announcement of the Marshall Plan in 1947 France no longer needed German goods and raw materials in order to rebuild her economy. Nevertheless, France did benefit substantially from her zone, indeed figures show that the cost of the occupation was felt more heavily in the French zone than in either the American or British.²³³

The burden of occupation was therefore quite heavy in the French zone and the policy of extracting goods, raw materials

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and food necessary to the French economy did result in some hardship. On the other hand the military government quickly undertook repairs to the transport system and cleared rivers, work essential for economic recovery. And whilst political activity was restricted to the local level at first, the inhabitants of the French zone were gradually allowed to participate more fully in administration and local decision-making and were subjected to a less stringent de-nazification programme than that applied in the American and British zones. France agreed that the National Socialist party and all organisations allied to it be destroyed, that all Nazi laws be abrogated and that all war criminals be arrested and punished.²⁴ Members of the Nazi Party were not, however, removed from public office or from positions of responsibility in the private sector in accordance with the Potsdam Agreement.²⁵ Consequently, Germans barred from certain positions on political grounds were able to find jobs in the French zone. Subsequently, the French were on occasion accused of being 'soft on Nazis'.²⁶

In 1947 elections were held for the *Land* of Rhineland-Palatinate and the assemblies and government so elected remained the highest form of government until 1949 when the inhabitants of the French zone were allowed to participate in elections for a parliament for the whole of Germany. Voters in the *Landtag* election were offered a choice between four parties sanctioned by the occupying powers in each zone since

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1946 or earlier; the *Christlich-Demokratische Union* (CDU), the *Sozialdemokratische Partei Deutschlands* (SPD), the *Freie Demokratische Partei* (FDP) and the *Kommunistische Partei Deutschlands* (KPD). Before looking at the results of this and subsequent elections the programme of each party will be considered. .

The newly formed CDU had its roots in, and many former members of, the Catholic Centre Party of the Weimar Republic. In post-war Germany, however, it was felt necessary to broaden its appeal to include Protestants in a wider Christian movement and to present itself as a "non-denominational, non-socialist, 'catch-all party'".²⁷ Its manifesto promoted intellectual and religious freedom, pledged to regenerate the economy, secure jobs, food, clothing and housing, giving precedence to an emergency programme for bread, shelter and work. The CDU had obvious attractions to the Catholic electorate, whose relative size had been increased in West Germany as a result of the lost, mainly Protestant, territories in the east (from 33% to 45%).²⁸ And demographic changes following two World Wars meant that the electorate had a large proportion of older voters and women, which tended to work in favour of conservative parties.

The SPD was one of the first political parties to advocate radical reform in Germany after the war. It was well

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organised throughout the country, despite initial restrictions imposed by the occupying powers to limit political activity to a local and then regional level. Its credibility was high because of its anti-nazi history and it was attractive to its former working-class supporters, whilst also seeking to widen its appeal. Thus, for example, its slogan for the 1946 elections in Bad Ems proclaimed that "Christianity and Socialism must march together."²⁹ A suitable approach to the mixed denominational structure of the town. In the early elections the SPD met with some success, however its programme of democratic socialism was increasingly rejected, particularly with the outbreak of the Cold War and the subsequent reaction against any kind of socialism.

In the first decade after the war the FDP was a party which "leaned more towards nationalism than towards democracy [and] in economic affairs...was more to the right than the CDU."³⁰ This tendency was attractive to industry, which provided financial support until disunity within the party and the success of the CDU as the main *bürgerlich* party caused it to switch allegiances.

The KPD re-emerged with yet another political pedigree. In the 1946 elections in Bad Ems it called upon voters to register a protest by voting for the KPD: "Your vote ... will be the voice of protest, the cry of anger about the

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acquittal, the indulgent treatment of downright monsters who deserve death not once but a million times over. Remember this!"³¹ The KPD, however, failed to sustain or improve on initial electoral success. Its alignment with the Soviet Union - which became increasingly unpopular with West Germans - and its dogmatic Marxist programme was rejected by an electorate anxious for democracy and it faced the opposition of all three main parties.

In many ways all the party programmes were mirrors of the post-war situation in that they appealed to an electorate whose material circumstances had undergone considerable changes since 1933. The upheaval of the intervening years had not destroyed traditional allegiances of class and religion to which the parties' ideology appealed, as the following election results show.

In Tables III to V we see that after an initial success in 1947 parties on the left in Bad Ems were unable to combine to secure a majority. Even when the fortunes of the CDU declined as, for example, in the 1951 *Landtag* election, by forming a coalition with the Liberals, the SPD and KPD were easily defeated. It is interesting to note, however, that between 1947 and 1955 the SPD in Bad Ems consistently secured a greater share of votes if compared with the percentage gained either in the Rhineland-Palatinate or in West Germany as a whole. Conversely, the CDU had less electoral support

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TABLE III

<u>TOWN COUNCIL ELECTIONS IN BAD EMS</u>			
	<u>CDU</u>	<u>SPD</u>	<u>FDP</u>
1948	37.3	31.1	25.6 (DP)
1952	34.5	35.4	26.4
1956	34.6	43.6	16.5
1960	33.9	44.3	15.5
1964	34.5	47.0	11.7
1969	43.7	41.5	10.2
1974	43.7	35.2	7.2

SOURCE: *Rhein Zeitung*; 9.11.1952: 12.11.1956:
24.10.1960: 26.10.1964: 8.6.1969: 18.3.1974.

TABLE IV

<u>LAND ELECTIONS: BAD EMS AND RHINELAND PALATINATE</u>				
	<u>CDU</u>	<u>SPD</u>	<u>FDP</u>	
1947: Bad Ems	34.4	45.4	14.7	
Rhineland-Palatinate	47.2	34.3	9.8	
1951: Bad Ems	30.8	39.9	22.6	
Rhineland-Palatinate	39.2	34.0	16.7	
1955: Bad Ems	37.9	35.9	17.4	
Rhineland-Palatinate	46.8	31.7	12.7	
1959: Bad Ems	39.3	42.0	12.8	
Rhineland-Palatinate	48.4	34.9	9.7	
1963: Bad Ems	33.9	48.7	13.6	
Rhineland-Palatinate	44.4	40.7	10.1	
1967: Bad Ems	38.7	42.8	11.2	
Rhineland-Palatinate	46.7	36.8	8.3	
1971: Bad Ems	43.5	46.0	7.9	
Rhineland-Palatinate	50.0	40.5	5.9	
1975: Bad Ems	45.9	46.4	6.0	
Rhineland-Palatinate	53.9	38.5	5.6	
1979: Bad Ems	43.9	48.7	6.5	
Rhineland-Palatinate	50.1	42.3	6.4	

SOURCE: Statistisches Landesamt Rheinland-Pfalz,
Gemeindestatistik von Rheinland-Pfalz. Die Wahlen zum Landtag und Bundestag in Rheinland-Pfalz 1947-1955, (Bad Ems, 1956), vol 39: *Die Wahl zum Landtag in Rheinland-Pfalz am 19 April 1959*, (Bad Ems, 1959) vol 69: *Die Wahl zum Landtag in Rheinland-Pfalz am 23 April 1967*, (Bad Ems, 1967), vol 171: *Die Wahl zum siebten Landtag in Rheinland-Pfalz am 21. März 1971*, (Bad Ems, 1971), vol 245: *Die Wahl zum achten Landtag in Rheinland-Pfalz am 9. März 1975*, (Bad Ems, 1975), vol 277: *Die Wahl zum neunten deutschen Bundestag in Rheinland-Pfalz am 5. Oktober 1980*, (Bad Ems, 1981), vol 290.

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TABLE V

GENERAL ELECTIONS

	<u>CDU</u>	<u>SPD</u>	<u>FDP</u>
1949: Bad Ems	38.1	32.9	22.9
Rhineland-Palatinate	49.1	28.6	15.8
National	31.0	29.2	11.9
1953: Bad Ems	44.1	30.5	15.3
Rhineland-Palatinate	52.1	27.2	12.1
National	45.2	28.8	9.5
1957: Bad Ems	45.3	34.3	13.6
Rhineland-Palatinate	53.7	30.4	9.8
National	50.2	31.8	7.7
1961: Bad Ems	37.9	39.0	19.7
Rhineland-Palatinate	48.9	33.5	13.2
National	45.4	36.2	12.8
1965: Bad Ems	42.5	40.5	14.6
Rhineland-Palatinate	49.3	36.7	10.2
National	47.6	39.3	9.5
1969: Bad Ems	44.4	44.2	6.9
Rhineland-Palatinate	47.8	40.1	6.3
National	46.1	42.7	5.8
1972: Bad Ems	40.2	53.0	5.7
Rhineland-Palatinate	45.9	44.9	8.1
National	44.9	45.8	8.4
1976: Bad Ems	41.6	50.6	7.1
Rhineland-Palatinate	50.2	42.4	6.5
National	48.6	42.6	7.9
1980: Bad Ems	40.5	49.6	8.1
Rhineland-Palatinate	47.2	44.1	6.8
National	44.5	42.9	10.6

SOURCE: Statistisches Landesamt Rheinland-Pfalz, *Gemeindestatistik von Rheinland-Pfalz. Die Wahlen zum Landtag und Bundestag in Rheinland-Pfalz 1947-1955*, (Bad Ems, 1956), vol 39: *Die Wahl zum dritten Bundestag in Rheinland-Pfalz am 15 September 1957* (Bad Ems, 1958), vol 53: *Die Wahl zum vierten Bundestag in Rheinland-Pfalz am 17 September 1961*, (Bad Ems, 1961), vol 94: *Die Wahl zum fünften deutschen Bundestag in Rheinland-Pfalz am 19 September 1965*, (Bad Ems, 1966), vol 152: *Die Wahl zum sechsten deutschen Bundestag in Rheinland-Pfalz am 28 September 1969*, (Bad Ems, 1969), vol 203: *Die Wahl zum siebten deutschen Bundestag in Rheinland-Pfalz am 19. November 1972*, (Bad Ems, 1974) vol 265: *Die Wahl zum achten deutschen Bundestag in Rheinland-Pfalz am 3. Oktober 1976* (Bad Ems, 1976), vol 281: *Die Wahl zum neunten deutschen Bundestag in Rheinland-Pfalz am 5. Oktober 1980* (Bad Ems, 1981), vol 290.

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in Bad Ems than in the Rhineland-Palatinate as a whole in all five elections, and less than the national total in the 1953 *Bundestag* elections. The FDP, like the SPD, also gained a larger share of the vote in Bad Ems than the regional or national result.

Between 1947 and 1953 there was a steady increase in the number of those entitled to vote: 44.2% over six years, with the largest rise between 1951 and 1953 - 18.5%. There were several factors which could have contributed to this rise. In *Landtag* and *Bundestag* elections different criteria were employed to judge entitlement.³² There were also demographic changes. Moreover, holiday-makers/travellers were granted a special vote, which would have been particularly significant in 1949 when the election was held in August and, to a certain extent, in the September election of 1953. Finally some people were disenfranchised because of their Nazi record until 1953.³³

Differences between local and regional results, i.e. a high proportion of SPD and FDP votes in Bad Ems, can be explained to a certain degree when the socio-economic structure of the town and *Land* are taken into consideration. In 1950 53.8% of the population in Bad Ems was Protestant and 43.1% Catholic, whilst in the *Land* this figure was 40.8% and 57.7% respectively. This could account for the greater success of the CDU at the *Land* level, although the success of the FDP

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would seem to indicate considerable conservative support in Bad Ems.

Not only were there religious differences between Bad Ems and the *Land* as a whole, there were also variations in the employment structure. In the *Land* 36% worked in agriculture/forestry compared with 4.3% in Bad Ems. Conversely, the public/service sector accounted for only 14% in the *Land*, whilst in Bad Ems this percentage was 42.4%.

As can be seen from Tables III to V, since the Second World War there has consistently been more support for the Social Democrats in Bad Ems than at the *Land* or national level. In the local town council elections the SPD was the largest single party between 1952 and 1969. However, between 1964 and 1969 only did the SPD have an overall majority when faced with a CDU/FDP coalition.

Against this wider political background of the occupation period how did the economic and demographic structure of the town develop? A census conducted in 1950³⁴ provides the quantitative information which, together with various studies that have used these data, will form the basis for a qualitative analysis, which will be presented after the statistical evidence.

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The population of Bad Ems, which had been growing steadily throughout the 19th and first half of the 20th centuries had reached 9,272 by 1950, (excluding members of the occupying forces or foreign representatives and their dependents) an increase of 21% since the outbreak of war in 1939. This rise has been seen as the consequence of the influx of refugees and evacuees, who came to the town in search of shelter rather than jobs. Of the seven other towns which make up the local authority, only one registered a fall in population - Nassau - which had suffered severe damage during the final year of the war.

Of the 9,272 inhabitants, 57.9% were female and 42.1% male. The proportion of female inhabitants was higher in Bad Ems than in any of the other seven members of the local authority and higher than the national average (53% and 47% respectively).³⁶ The largest religious group remained Evangelical, although the proportion of Catholics had been increasing throughout the 19th and first half of the 20th centuries. In 1950 4,990 were Evangelical, representing 53.8% of the population and 3,999 were Catholic, having increased from 33% in the late nineteenth century to 43.1%. Of the eight towns making up the local authority, Bad Ems was the least polarised in terms of religious allegiance. Of the other seven, four were at least 72% Evangelical (Nassau, 72%; Obernhof, 73%; Bergnassau, 76%; Dausenau, 87%) and three

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overwhelmingly Catholic (Fachbach, 82%; Weinähr, 87%, Nievern, 88%).

The age structure in Bad Ems (see Table VI) in 1950 was such that more than 60% of the population was of employable age. Compared with the other seven towns, Bad Ems had a smaller percentage of children and a greater number of over-sixty-fives. In other words the population of Bad Ems was older than in the district as a whole and had a larger proportion of women.

TABLE VI

AGE STRUCTURE IN BAD EMS IN 1950

<u>AGE</u>	<u>NUMBER</u>	<u>% OF POPULATION</u>
Under 6 years	628	6.8
Between 6 and 15	1,255	13.5
Between 15 and 20	617	6.6
Between 20 and 65	5,625	60.7
Over 65	1,147	12.4
	-----	----
	9,272	100.

SOURCE: Statistisches Landesamt Rheinland-Pfalz
Gemeindestatistik von Rheinland-Pfalz (Bad Ems, 1952), vol 21.

The employment structure of Bad Ems is presented in the 1950 census in two forms; in 'occupational categories' and as 'wage and salary earners'* which has, as we shall see, led to some confusion.

* This category includes those unemployed at the time of the census, classified according to their last paid employment.

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Table VII shows the population according to occupational categories, made up of wage and salary earners and their dependents plus those living on independent means.

TABLE VII

POPULATION IN 1950 ACCORDING TO OCCUPATIONAL CATEGORIES

	<u>NUMBER</u>	<u>% OF POPULATION</u>
Agriculture and Forestry	256	2.8
Manufacturing Industry	2,887	31.1
Commerce, Banking, Insurance and Transport	1,235	13.3
Public Service and Service Sector	2,753	29.7
Pensioners and those living on independent means	2,141	23.1
	-----	-----
	9,272	100.

SOURCE: Statistisches Landesamt Rheinland-Pfalz
Gemeindestatistik von Rheinland-Pfalz (Bad Ems,
1952), vol 21.

These figures do not, as Petry claims³⁶, represent the employment market, which Börsch³⁷ also fails to analyse fully by ignoring some important data on employment contained in the admittedly confusing census. In consequence they both identify manufacturing industry as the most important sector of the economy, which, on the basis of "wage and salary earners" in fact falls into second place behind the public employment and service sector as is demonstrated by Table VIII.

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TABLE VIII

WAGE AND SALARY EARNERS IN BAD EMS IN 1950

	<u>NUMBER</u>	<u>% OF EMPLOYED</u>
Agriculture and Forestry	171	4.3
Manufacturing Industry	1,474	36.7
Commerce, Banking, Insurance and Transport	668	16.6
Public Service and Service Sector	1,703	42.4
	-----	-----
	4,016	100.

SOURCE: Statistisches Landesamt Rheinland-Pfalz,
Gemeindestatistik von Rheinland-Pfalz (Bad Ems,
1952), vol 21

The 4,016 persons employed represented 43.3% of the population. Employment in the public/service sector had been considerably increased by the establishment of important administrative offices in the years immediately after the war. The Regional Mining Office had moved to Ems from Koblenz in 1947 and the Regional Statistical Bureau for the Rhineland-Palatinate was set up in the town in 1948 which together with the the public health department, the local court, an army training centre, a police training school and the spa's service sector provided most employment in the town. The structure of the job market in Bad Ems had thus changed considerably compared with the previous century when 82% of those employed in the town were servants or mine-workers.²²² Without the mining industry Bad Ems welcomed these agencies in the post-war years. They provided much needed jobs and marked "the beginning of a new development

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which to a certain extent turned the spa into an administrative centre."³⁹

The manufacturing sector had been drastically reduced by the closure of the mines, although two-hundred jobs were still provided in industries associated with mining, in particular the smelting works, albeit not necessarily jobs taken by residents of Bad Ems.⁴⁰ This sector appears to have suffered badly from lack of investment brought about by the restrictions imposed by the regional government mentioned above.

In the third largest category, that of commerce, banking, insurance and transport, 44% of jobs were in banking and insurance, 37% in the retail trade and 19% in transport.⁴¹

Whilst the figures for the public/service sector only concern the number of persons resident in Bad Ems so employed, that figure alone - 1,703 - was still greater than the number of actual jobs in the town in any of the other sectors. In the industrial sector there were 1,659 jobs in Ems and 804 in commerce, banking etc.. The excess of actual jobs over the number so employed and resident in Bad Ems is accounted for by commuters. In 1950 Bad Ems attracted more commuters than it lost; 1,037 persons travelled to the town and 495 from Ems, almost half of whom went to Koblenz.⁴²

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People travelled to Bad Ems from the nearby towns of Dausenau, Fachbach and Nievern as well as the more distant Nassau, Bergnassau, Weinähr and Obernhof. Almost two hundred came to Ems from the old mining settlements in the Emsbach valley, from Arzbach, Eitelborn and Kadenbach, a number which would have been far greater before the Second World War. Indeed, the number commuting to Bad Ems from these towns represented only one-third of the total number of their commuters, the rest going overwhelmingly to Koblenz.⁴³ One hundred and forty one persons came to Bad Ems from the larger centres such as Lahnstein, Koblenz and Diez, most probably, as Petry points out, to work in offices in the town.⁴⁴

Agriculture and forestry played only a minor role in the economic structure of Bad Ems in 1950. Farms in the area were small, of the ninety-nine registered, sixty-five had less than five acres, seven between five and twelve, seven between twelve and twenty and only two with more than twenty. Of the 171 persons so earning a living, more than half were women, whereas their share of the employment market as a whole in the town was only 40%.

The classification according to occupational categories, which consisted of those employed and their dependents, accounted for 7,131 persons which together with 2,141 people living on independent means make up the total population. Of those included in the occupational category 3,914 were female

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and 3,217 male, representing 55% and 45% respectively. These proportions, however, fall by 15% for females and, therefore, correspondingly rise for males, when it comes to actual employment. Thus 2,300 females and 815 males, representing 34% of the total population were dependents.

The category 'independent' included those living on a retirement pension, those receiving an annuity, those receiving state support - but not those receiving unemployment benefit - or those living on their own savings. Also included were students or school children not resident with their own family and those housewives for whom there was no record of any source of income. The self-employed were included in the figures for wage and salary earners and as Table IX below shows, represented 21% of earners, and of the 845 self-employed, 30% were family members helping another self-employed person (249).

TABLE IX

EMPLOYMENT STATUS OF WAGE AND SALARY EARNERS: 1950

<u>STATUS</u>	<u>NUMBER</u>	<u>AS % OF</u> <u>GAINFULLY</u> <u>EMPLOYED</u>
Manual Workers	1,856	46.2
<i>Beamte and Angestellte</i>	1,315	37.7
Self-Employed	845	21.1
	-----	----
	4,016	100.

SOURCE: Statistisches Landesamt Rheinland-Pfalz,
Gemeindestatistik von Rheinland-Pfalz
vol 21, (Bad Ems, 1952).

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Looking finally at those employed according to their employment status (which although not stated would appear to have been compiled according to membership of specific statutory insurance schemes) it is clear that whilst the sector of the economy providing most jobs in Bad Ems at this time was the public/service sector, in fact the largest group according to status was that of blue-collar workers.

Thus the economic base of the town had undergone significant changes since the outbreak of the Second World War. The closure of the mines in the area "created a marked vacuum".⁴⁵ And whilst the successful recovery of the cure business compensated for this loss to a certain extent for the town as a whole it could not, for example, prevent the decline of three nearby villages, Pfingstwiese, Eisenbach and Fahnenberg, described as 'derelict villages',⁴⁶ in post-war years used to house "poorer sections of the population."⁴⁷ As long as the spa continued to attract guests the future of Bad Ems was secure. A decline in the cure sector would, however, be disastrous for a town reliant on one source of income for its livelihood.

For almost two decades after the war the cure business thrived in Bad Ems. Recovery was swift, despite the claim that

only after 1952 did investment flow from the *Land* into the spa so that at least the worst damage could be repaired and most pressing

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renovations could be carried out. In the background a change in the political climate (not least as a consequence of the Korean War) and the Marshall Plan essentially effected a positive development...with the *Wirtschaftswunder* and resulting rise in living standards building also began in Ems.⁴⁸⁾

The 'Economic Miracle' of the 1950's in West Germany and the emphasis on the population's welfare in the *Soziale Marktwirtschaft* which included the care of the needy and the revival of the cure 'ideology' also performed wonders for Bad Ems in the number of cure-guests (see Table X below), and cures funded by the statutory insurance bodies were of particular importance. As we have seen, in 1949 the number of social cures exceeded private cures and this trend continued. In 1950 social cures represented 55% of all cures, ten years later this proportion had risen to 61%, and to 65% by 1962.

TABLE X

CURES IN BAD EMS 1953-1963

	<u>PRIVATE</u>	<u>SOCIAL</u> <u>INSURANCE</u>	<u>FOREIGNERS</u>	<u>TOTAL</u>
1953	4,863	7,008	400	12,271
1954	5,780	7,525	411	13,716
1955	6,493	8,254	428	15,175
1956	6,397	9,230	411	16,038
1957	6,638	9,342	379	16,359
1958	6,333	9,542	389	16,264
1959	5,854	10,124	336	16,314
1960	6,064	10,151	287	16,502
1961	6,149	10,430	256	16,835
1962	5,538	11,079	292	16,909
1963	4,925	10,997	249	16,171

SOURCE: Billaudelle, K. (ed.), *Die Natur- und Kulturlandschaft von Bad Ems* (Bad Ems, 1979), p.155.

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In 1953 Bad Ems entertained more cure-guests than ever before in its illustrious history; only in 1871 had numbers previously exceeded twelve thousand guests in one year. A cure in Bad Ems was recommended for those suffering from catarrh, asthma, heart and circulatory complaints and offered thermal mineral baths, drinking cures, all forms of inhalation, pneumatic rooms, climatic rooms, mud pack treatment and massages.⁴⁹ In 1952 twenty doctors cared for cure-guests, twenty-four by 1958 when the entertainment programme offered:

Daily concerts, symphony and celebrity concerts, performances of well-known plays at the Spa theatre, three cinemas, lectures, variety shows, dances, water and swimming galas, illuminations and summer festivals in the extended and improved spa's gardens, halls and rooms.⁵⁰

Hotels in the town were renovated and modernised and accommodation further increased in 1953 when the LVA built a new clinic for its members, the *Westfalenheim* with one hundred beds, adding to the number of homes and clinics already catering for social insurance guests, i.e. the *Albert Kurheim* the *Sanatorium der Barmherzige Brüder*, *Canisiushaus*, *Prinz Eitel*, *Dr. Doepner's* and the *Katholik Schwesternhaus*. For almost twenty years after the Second World War the spa in Bad Ems experienced a steady growth in cure-taking, particularly in the social insurance cure sector (see Table XI).

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From 1963, however, the trend was reversed. To a certain extent the economic recession in West Germany, which reached its peak 1967 and 1968, took its toll on the number of cures. In Bad Ems, however, the decline in cure-taking was more acute than at the national level, where social cures registered a drop in 1968 of 17.5% and a slow recovery over the following three years. In Bad Ems the decline began earlier, so that by 1968 total numbers were down by 33% compared with 1962 with the biggest fall occurring in the social insurance sector. The 'private' sector had been registering a fall since 1961 which continued until 1971, apart from a small rise in 1966.

TABLE XI

CURES IN BAD EMS 1964 TO 1972

	<u>PRIVATE</u>	<u>SOCIAL</u> <u>INSURANCE</u>	<u>FOREIGNERS</u>	<u>TOTAL</u>
1964	4,890	10,739	262	15,891
1965	4,477	10,453	221	15,151
1966	4,998	9,929	-	14,927
1967	4,460	8,368	171	12,999
1968	3,940	7,425	220	11,585
1969	3,731	6,879	152	10,762
1970	3,675	7,526	162	11,363
1971	4,162	8,499	121	12,782
1972	4,189	8,858	102	13,149

SOURCE: Billaudelle, K. (ed.). *Die Natur und Kulturlandschaft von Bad Ems* (Bad Ems, 1979) p.155.

Even then the recovery was only temporary and numbers fell again from 1973 to 1978 following the oil-shock of 1973/4.

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TABLE XII

CURES IN BAD EMS 1973 TO 1977

	<u>PRIVATE</u>	<u>SOCIAL</u> <u>INSURANCE</u>	<u>FOREIGNERS</u>	<u>TOTAL</u>
1973	3,558	9,400	83	13,041
1974	3,707	9,138	82	12,927
1975	3,727	8,155	69	11,951
1976	3,119	6,365	82	9,566
1977	2,804	6,215	63	9,082

SOURCE: Billaudelle, K. (ed.), *Die Natur und Kulturlandschaft von Bad Ems* (Bad Ems 1979), p.155.

This adverse trend in the visits of private guests was not necessarily a reaction to the huge numbers of social insurance guests as had been feared fifty years earlier, but their presence did mean that accommodation in town was for the major part used for social insurance guests. Even some rooms of the fashionable *Kurhaus* were used from 1961 onwards by the BfA. The problem of accommodation in the town, particularly for social insurance guests, became increasingly apparent in Bad Ems in the late sixties. The dissatisfaction expressed by the social insurance companies, which had substantial investments in the spa, was particularly worrying to the local community now so dependent on the social cure-guest. A withdrawal by even one of the two major insurance companies would spell economic disaster for the town. Their requirements, therefore, were given prime consideration in decisions regarding the future expansion and development of the resort which, as we shall see below, has had a considerable impact on the town in recent years.

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The fact that social insurance cure-guests visited Bad Ems throughout the year, providing a steady income to the town, was crucial once the number of private cures began to fall - an advantage foreseen in the 1920's when the debate surrounding the social cure was being conducted.⁵¹³ In 1965, for example, ten clinics catered for social insurance guests for eleven months of the year, one of which was open for the whole year (see Table XIII).

The gradual shift in attitudes towards, and the importance to the local economy of, social insurance cure-guests which had been taking place for the past forty years had, by the 1960's, become clearly visible.

TABLE XIII

	Jan.	Feb.	Mar.	Apr.	May.	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
<i>Albert Kurheim</i>	127	95	114	94	89	94	97	105	96	103	108	-
<i>Barmherzige Brüder</i>	126	84	97	101	91	94	78	96	104	96	72	-
<i>Canisius-haus</i>	40	32	46	38	43	36	34	48	41	39	38	-
<i>Dr. Doepner</i>	201	107	148	184	159	158	172	173	148	160	149	-
<i>Dr. Eckert</i>	80	77	83	82	78	91	83	90	93	80	88	-
<i>Hindenberg</i>	5	9	11	11	17	16	18	21	16	12	10	-
<i>Marien-Krankenhaus</i>	20	16	20	17	32	23	23	32	30	29	26	-
<i>Katholik Schwestern-haus</i>	26	21	26	26	28	27	23	27	27	24	27	-
<i>Staatliche Kurklinik</i>	95	82	135	124	110	108	104	115	121	104	88	-
<i>Westfalen-heim</i>	6	93	117	99	90	107	94	101	78	77	82	93

SOURCE: Archives at Bad Ems.

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How then did the town develop during this period of boom and decline? Since 1950 the population of Bad Ems has increased slowly to 10,284 in 1983. Between 1950 and 1970 two hundred an fifty more people moved to Bad Ems than moved away.⁵²⁾ The proportion of female and male inhabitants has changed very little, 56.3% to 43.7% by 1983, with the percentage of widows being slightly above the national average.⁵³⁾ Most recent figures on religious conviction in the town taken from the 1970 census also shows only a slight change - 5,294 Evangelical, being 54.6% of the population and 4,132 Catholics, representing 42.6%. In the same census 214 persons living in Bad Ems were classified as *Ausländer*. Whilst the size of the population has remained fairly static since 1950, during the post-war years in Bad Ems:

There has been a considerable regrouping [of classes], changes of a far-reaching nature. Thousands of new citizens (evacuees, refugees, the bomb-damaged resettlers, the exiled, guests-workers, pensioners, inmates from old peoples' homes) have settled here. Much has changed. It remains to be seen whether they will all succeed in integrating and assimilating, which will produce further changes - in the character of the town, in the mentality of its inhabitants, in the social structure and whatever else one wants to name...⁵⁴⁾

One of the most notable changes has occurred in the age structure of the town (see Tables XIV to XVI), particularly in the percentage of those over the age 65 - which has increased from 12.4% in 1950 to 23.6% in 1982. Since 1961 the birth rate has fallen in Bad Ems. Between 1950 and 1961

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the proportion of children under six rose to 8.1%. Since then, however, this age group has become smaller so that in 1982 they represented only 4,2% of the total population. Between 1950 and 1970 more inhabitants died than were born, whereas the national average over the same period shows a surplus of births over deaths of 3.1%.⁵⁵

TABLE XIV

AGE STRUCTURE IN BAD EMS IN 1961

<u>AGE</u>	<u>NUMBER</u>	<u>% OF POPULATION</u>
Under 6 years	788	8.1
Between 6 and 15	993	10.2
Between 15 and 18	392	4.1
Between 18 and 21	430	4.4
Between 21 and 45	2,783	28.7
Between 45 and 65	2,817	29.0
Over 65	1,497	15.5
-----	-----	-----
	9,313	100.

SOURCE: Statistisches Landesamt Rheinland-Pfalz, *Gemeinde-statistik von Rheinland-Pfalz Teil I Bevölkerung und Erwerbstätigkeit* vol 109, (Bad Ems, 1964).

TABLE XV

AGE STRUCTURE IN BAD EMS IN 1970

<u>AGE</u>	<u>NUMBER</u>	<u>% OF POPULATION</u>
Under 6 years	751	7.6
Between 6 and 15	1,302	13.1
Between 15 and 18	377	3.8
Between 18 and 21	354	3.6
Between 21 and 45	2,801	28.3
Between 45 and 65	2,458	24.8
Between 65 and 75	1,208	12.1
Over 75	666	6.7
-----	-----	-----
	9,917	100.

SOURCE: Statistisches Landesamt Rheinland-Pfalz, *Gemeinedestatistik von Rheinland-Pfalz 1970, Teil II Bevölkerung und Erwerbstätigkeit* vol 221, (Bad Ems, 1973).

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TABLE XVI

AGE STRUCTURE IN BAD EMS IN 1982

<u>AGE</u>	<u>NUMBER</u>	<u>% OF POPULATION</u>
Under 6 years	430	4.2
Between 6 and 15	832	8.1
Between 15 and 21	890	8.7
Between 21 and 45	3,035	29.6
Between 45 and 65	2,640	25.8
Over 65	2,414	23.6
	-----	----
	10,241	100.

SOURCE: Statistisches Landesamt Rheinland-Pfalz,
Informationssystem 9.5.1984.

In line with the changing age structure, the number of those living on a pension or independent means rose in the two decades after 1950. Tables XVII and XVIII below define the population according to the occupation of the main wage earner in the household.

TABLE XVII

POPULATION ACCORDING TO OCCUPATIONAL CATEGORIES 1961

	<u>% OF POPULATION</u>
Agriculture and Forestry	1.4
Manufacturing Industry	27.3
Other	43.1
Pensioners and those living on independent means	25.7
Armed Forces	2.5

	100.

SOURCE: Statistisches Landesamt Rheinland-Pfalz
Gemeindestatistik von Rheinland-Pfalz. Teil I
Bevölkerung und Erwerbstätigkeit vol 109,
(Bad Ems, 1964)

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TABLE XVIII

POPULATION ACCORDING TO OCCUPATIONAL CATEGORIES 1970

	<u>% OF POPULATION</u>
Agriculture and Forestry	1.1
Manufacturing Industry	25.9
Commerce and Transport	11.9
Other	33.3
Pensioners and those living on independent means	27.8

	100.

SOURCE: Statistisches Landesamt Rheinland-Pfalz,
Gemeindestatistik von Rheinland-Pfalz. Teil II
Bevölkerung und Erwerbstätigkeit vol 221,
(Bad Ems, 1973).

The tables show a decline in the proportion of the population whose main income was derived from the agricultural and manufacturing sector. Between 1950 and 1961 the percentage of the population involved in agriculture and forestry had been halved and registered a further fall by 1970. The number whose main source of income came from manufacturing industry also fell over this period as is born out in Tables XIX and XX which consider wage and salary earners. Whilst according to statistics on the age structure 62% of the population in 1961 and 56.6% of the population in 1970 was of working age, only 44% and 40.5% respectively were classified as earning a wage or salary. The difference being made up by students, housewives, the sick, invalids and those who retired early. The unemployed were again classified as wage and salary earners according to their last job.

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TABLE XIX

WAGE AND SALARY EARNERS: 1961

	<u>NUMBER</u>	<u>% OF EMPLOYED</u>
Agriculture and Forestry	118	2.8
Manufacturing Industry	1,379	32.4
Commerce, Transport and Information	768	18.1
Service Industry	1,985	46.7
	-----	-----
	4,250	100.

SOURCE: Statistisches Landesamt Rheinland-Pfalz
Gemeindestatistik von Rheinland-Pfalz. Teil I
Bevölkerung und Erwerbstätigkeit vol 109,
 (Bad Ems, 1964).

TABLE XX

WAGE AND SALARY EARNERS: 1970

	<u>NUMBER</u>	<u>% OF EMPLOYED</u>
Agriculture and Forestry	55	1.4
Manufacturing Industry	1,260	31.4
Commerce and Transport	712	17.7
Service Industry	1,987	49.5
	-----	-----
	4,014	100.

SOURCE: Statistisches Landesamt Rheinland-Pfalz,
Gemeinde statistik von Rheinland-Pfalz Teil II
Bevölkerung und Erwerbstätigkeit vol 221,
 (Bad Ems, 1973).

Tables XIX and XX above show a steady growth in the service sector. In 1950 42.4% of the working population was so employed, rising to 49.5% by 1970. In line with this trend there has been a corresponding increase in the number of *Beamte* and *Angestellte* (see Tables XXI and XXII below) from 32.7% of those employed in 1950 to 46.3% in 1970.

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TABLE XXI

EMPLOYMENT STATUS OF WAGE AND SALARY EARNERS: 1961

<u>STATUS</u>	<u>NUMBER</u>	<u>AS % OF EMPLOYED</u>
Manual Workers	1,664	39.1
Apprentices	263	6.2
<i>Beamte</i> and <i>Angestellte</i>	1,475	34.7
Self-Employed	595	14.0
Members of family working for self-employed	253	6.0
	-----	-----
	4,250	100.

SOURCE: Statistisches Landesamt Rheinland-Pfalz
Gemeindestatistik von Rheinland-Pfalz. Teil I
Bevölkerung und Erwerbstätigkeit vol 109,
 (Bad Ems, 1964).

TABLE XXII

EMPLOYMENT STATUS OF WAGE AND SALARY EARNERS: 1970

<u>STATUS</u>	<u>NUMBER</u>	<u>AS % OF EMPLOYED</u>
Manual Workers including Apprentices	1,516	37.8
<i>Beamte</i> and <i>Angestellte</i>	1,860	46.3
Self-Employed	459	11.4
Members of family working for self-employed	179	4.5
	-----	-----
	4,014	100.

SOURCE: Statistisches Landesamt Rheinland-Pfalz
Gemeindestatistik von Rheinland-Pfalz. Teil II
Bevölkerung und Erwerbstätigkeit vol 221,
 (Bad Ems, 1973).

The structure of employment opportunities in Bad Ems in 1971 shows the greatest number of jobs, 986, in the sector "connected with social insurance institutions", followed by the service industry with 911 jobs. In this sector there were 334 businesses of which 202 were hotels, inns and establishments providing entertainment.

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TABLE XXIII

EMPLOYMENT SECTORS IN BAD EMS 1970

	<u>NUMBER OF JOBS*</u>
Water and Mining	40
Building Trade	336
Manufacturing Industry	829
Commerce	619
Transport and Information	233
Banking and Insurance	48
Service Industry	911
Others	255
In connection with the 31 Social Insurance Institutions	986

	4,257

* These figures include part-time jobs. Thus the number of jobs exceeds the number of people working in this sector because only one occupation per person is counted.

SOURCE: Statistisches Landesamt Rheinland-Pfalz,
Gemeindestatistik von Rheinland-Pfalz. Teil 111
Nichtwirtschaftliche Arbeitsstätten 1970.
vol 222, (Bad Ems, 1973).

The restrictions which accompanied the subsidy given by the Land in 1952 towards the renovation and repair of the most important buildings connected with the provision of cures in Bad Ems meant that the administrative offices which came to Ems provided employment but did not offer real opportunities for the unemployed mine-workers. This meant that many had to commute to find work because of the gap left by the closure of the mines. Commuters from the town almost doubled between 1950 and 1970 to 984⁵⁶ whilst the number travelling to Bad Ems increased by 314 by 1961 compared with 1950⁵⁷ and by a further 107, to 1,458 by 1970.⁵⁸

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Reconstruction after the Second World War in Bad Ems thus resulted in a local economy relying heavily on the presence of cure-guests for its income, and particularly on social insurance cure-guests. The importance of this sector of the economy has affected the growth and development of the town not only with regards to the type of employment available in the town but also in planning decisions. Before looking at some of these recent developments the structure of the town's administration will be considered in more detail.

Since 1969 Bad Ems has been the *Kreisstadt* of the Rhine-Lahn district and is, at the same time a *Staatsbad*. Three different agencies have their seat in Ems and work together administering functionally differentiated areas.

The *Kreisverwaltung* - district administration - of the Rhine-Lahn district is concerned with those matters which are not of purely local relevance. Its territorial jurisdiction is extended to include eight different *Verbandsgemeinden* and the town of Lahnstein. Besides taking care of such things as the registration of cars etc., the *Kreisverwaltung* also controls the legality of the activities of the *Verbandsgemeinden* in its territory and, therefore, the *Verbandsgemeinde* Bad Ems.

The *Verbandsgemeinde* Bad Ems was created in 1972 to extend to a larger administrative entity, joining Bad Ems and nine other centres under one local authority. Both the

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Verbandsgemeinde and the *Kreisverwaltung* have elected councils.

Because Bad Ems has the status of a *Staatsbad* there is a third administrative entity in Ems, the spa administration - the *staatliche Kurverwaltung* - which is involved with matters specifically affecting the towns's status as a spa. The *Kurverwaltung* is an administrative agency of the Rhineland Palatinate and as such independent of local or district assemblies. However, as the local authority also has a natural interest in the spa it has established a kind of private company, the *Staatsbad GmbH* which, for example, publishes the spa gazette.

To summarise then; besides more general agencies such as the tax office, three administrations are active in Bad Ems. Two of which are the usual agencies found in almost all German towns, whereas one is there specifically because Bad Ems is a spa. However, one the 'normal' administrations is also involved in the running of the spa by means of a limited private company which is in fact wholly owned by the local authority. Besides these, several other agencies also have their offices in Bad Ems such as the state mineral springs agency - *staatliche Quellenamt* and the Regional Statistical Bureau.

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As we have seen, there had been an increase in the population of the town of 21% between 1939 and 1950 and a further rise of ten per cent over the next thirty-two years. The growing population necessitated the construction of new living accommodation which has, in the main, been sited outside the old centre along the banks of the River Lahn or in one the small valleys which lead down to the river. The narrowness of the valley making further building in the town centre impossible.

A census of buildings (excluding holiday homes) conducted in 1968 registered 1,395 residential buildings containing 3,448 dwellings accommodating 9,066 persons, compared with 2,397 in 1950. 131 other buildings, where less than half the space was used for residential purposes, provided 257 dwellings for 701 persons.⁵⁹ Of the residential buildings 42% were constructed before 1900, 24% between 1901 and 1948 and the remaining 34% after 1949.⁶⁰ The 583 buildings constructed before 1900 contained almost half of all dwellings in the town which together with the 340 built between 1901 and 1948 means that two-thirds of living accommodation predates the Second World War. The layout of Bad Ems remains essentially that of the original three centres - the village and the spa on the right bank and Spieß on the left bank. The banks of the river are particularly narrow between the two main road bridges across the Lahn so that there is only enough space

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for one row of buildings between the river and the very steep slopes of the surrounding hills.

The narrowness of the valley has also created particular problems with the increase in motor traffic since the Second World War. This has brought congestion, noise and pollution to the streets of Bad Ems, and since the beginning of the 1950's attempts have been made to find a solution. Whilst there was complete agreement that something had to be done, arguments as to the best solution have raged for almost thirty years. A one-way system operates in the town, running east to west on the right bank and west to east on the left bank and whilst this has done something to speed up traffic flow this still means that all traffic to and from Koblenz travels through the heart of the spa. One particularly controversial decision taken in the hope of relieving the traffic problem resulted in the demolition in 1968 of one of the oldest and most beautiful houses in the town, the *Steinerne Haus* built in 1696 but its removal did not improve the flow of traffic. A number of plans have been put forward and abandoned on the grounds of cost and/or possible damage to the springs. The present solution, to by-pass the centre of the town by building a new road along the foot of the Malberg should "bring considerable relief to the central residential area, although opponents of this scheme maintain that it will do nothing about the noise and stench in the

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valley and that additionally a formerly quiet area will be disturbed."

The geographical limitations of the narrow valley and the unresolved traffic problem have influenced important decisions concerning the future of the resort. The key role played by the social insurance institutions in the town's economy since the Second World War has meant that their requirements have been given prime consideration in planning matters. Dissatisfaction with the standard of accommodation, in the main in old buildings in the traditional spa centre, and the adverse effects of the increase in motor traffic through the narrow valley led the social insurance companies to reconsider their investment in the town. The need for expansion to keep pace with the dramatic increase in the number of cure-patients since the Second World War was a pressing one. The insurance bodies were also eager to provide the very best accommodation facilities for their members who had in turn experienced a general rise in living standards in post-war Germany and many of whom had begun to travel abroad and savour well appointed hotels, which made the old style accommodation in the traditional cure homes and clinics less appealing, particularly since many cure-guests had to share a twin-bedded room with a stranger.

As we have seen, by the mid-1970's the number of guests began to fall once again. Whilst this was undoubtedly part

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of the wider economic recession in Germany following the oil crisis, a solution to the particular problem facing Bad Ems had to be found. The BfA in Berlin had been expressing its dissatisfaction with the accommodation in the old spa centre for a number of years, and when in 1975 it proposed the building of a new clinic on the *Bismarckhöhe*, the spa authorities had to bargain "in order to retain a contract with the BfA." ⁶² The town quickly complied with the planned BfA clinic and at a cost of 30 million Marks the *Hufeland* clinic opened in 1976, having taken only fifteen months to build. The *Hufeland* was heralded as "securing the future of Bad Ems and the cure business." ⁶³ The clinic was financed privately, eventually to be sold to the local authority who at present act as leaseholders. The clinic boasts 164 single rooms, T.V. and reading rooms, gymnasiums, sauna, two bowling alleys, a swimming pool and table tennis rooms. In the first five years the *Hufeland* treated almost 12,000 patients and operated with between 97% and 98% of full capacity and in 1981 employed one hundred and fifteen persons. In 1981 work began on a second clinic on the *Bismarckhöhe*, and the *Kurklinik II*, completed in 1982 has 240 beds, similar facilities to the *Hufeland* and caters for LVA cure-guests.

The opening of these modern clinics has forced the closure of a number of smaller homes, the *Westfalenheim* formally owned by the LVA was closed in 1980 and transformed into an old

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peoples' home, the *Panorama* was closed in 1982 and the *Barmherzigen Brüder* home was closed in 1983, unable to survive once the BfA began sending its members to the *Hufeland*. Their accommodation - 105 beds - was not considered to be up to standard and despite much protest from the town and satisfied guests it administered its last cure in 1983 and has since been turned into a Chinese restaurant on the ground floor with flats above, and the natural spring which rises there, plugged.

This trend away from small cure homes and pensions towards modern hospital-like blocks reflects a wider development in spas throughout Germany in recent years, a process referred to as the *clinification* of cure accommodation.⁶⁴ It has been estimated that at least 50,000 beds in homes, pensions and hotels providing 15 million overnight stays have been abandoned in favour of cures in newly constructed clinics in the past few years.⁶⁵

Depending on who financed the cure, accommodation for guests in Bad Ems in 1982 was provided by twenty-one hotels with more than seven hundred beds, twenty-six pensions with just over three hundred beds as well as rooms in private homes and twenty-six holiday flats providing just under one hundred beds. The *Albert Kurheim*, owned by the AOK, with ninety-one beds, the oldest cure home in Bad Ems, together with the *Deutsch-Ordens-Hospital*, the *Hufeland* and the *Kurklinik II*

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provide the vast majority of beds for social insurance cure-guests.

Recovery from the economic recession of the early seventies was slow. The *Hufeland* clinic would appear to have been successful in that the number of guests began to rise again after 1977 (see Table XXIV), with social insurance guests consistently making up by far the greater number. This was, however, only a temporary improvement, and the implementation of the *Kostendämpfungsgesetz* in January 1982 produced an immediate and drastic fall in the number of social insurance guests at Bad Ems. Just one year after the introduction of spending cuts the number of social cures had fallen by 40%, and between 1981 and 1983 by 53%. Over the same period the number of private cures registered a 42% drop, making 1983 the worst year for cures since 1949.

TABLE XXIV
CURE GUESTS IN BAD EMS 1978 TO 1985

	<u>PRIVATE</u>	<u>SOCIAL</u> <u>INSURANCE</u>	<u>TOTAL</u>
1978	3,028	6,539	9,567
1979	3,211	7,875	11,086
1980	2,840	7,686	10,526
1981	2,864	8,159	11,023
1982	2,524	4,911	7,435
1983	1,647	3,953	5,600
1984	1,624	6,137	7,761
1985	1,667	8,505	10,172

SOURCE: Staatliche Kurverwaltung Bad Ems

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Recovery from this most recent recession in the cure-taking sector has depended heavily on the social insurance cure-guests, there having been only a slight increase in the number of private cures since 1983. It seems unlikely that Bad Ems, or any of the other two hundred and fifty spas in Germany, will again experience the extraordinary success of the late fifties and early sixties. The survival of the resort has clearly depended on the continuing visits of guests funded by the statutory insurance bodies. The number of cure-guests in Bad Ems in the 1980's is similar to the figure taking the waters there one hundred years earlier, and whilst the type of cure-guest has changed considerably, the spa still provides treatment and entertainment facilities enjoyed at the time of the Kaiser's stay at the resort. A publicity brochure produced in 1981 by the *Staatsbad Bad Ems GmbH*⁶⁶ promotes this "harmony of modern life in a classical setting".

Bad Ems for the joy of living... It is our constant endeavour to offer the visitor not only traditional spa facilities but also the opportunity of self-fulfilment, intellectual freedom and unlimited physical activity. In other words; the opportunity to live in a way that is often not possible in everyday life.⁶⁷

The spa centre, with its *Kurpark* laid out as an 'English Garden', *Kursaal* with reading, conference and concert rooms, theatre and *Marmorsaal* used today for balls and concerts and *Kurhaus*, an hotel which also houses the administrative offices for the spa and contains the *Kränchen* spring

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dominates the town of Bad Ems. The most fashionable cafés are situated here and the *Römerstrasse* is lined on one side by boutiques, hotels and restaurants. The buildings and gardens which line the river have survived two world wars and witnessed considerable changes in the sociology of guests to the resort. The atmosphere of nineteenth century elegance has been retained and nourished, thus providing an ideal setting for convalescence, recuperation and relaxation.

Treatment facilities in the town have been modernised and extended, but still rely on the classic drinking and bathing cure so popular one hundred years earlier.

Your health Cure. The hot springs of Bad Ems - where healing powers are a gift of nature. The basis for your health cure is provided by the hot springs of Bad Ems or, in scientific terms, by sparkling mineral water containing sodium bicarbonate and a high content of natural carbon dioxide. An ideal water for drinking and bathing cures and for inhalation in its atomised state. Recommended as a cure for: catarrh, asthma, heart and circulatory diseases, rheumatism, allergies, diseases of the joints and vertebrae. Bad Ems offers full therapeutic treatment for an optimum cure - from a comprehensive diagnosis using the latest scientific methods, constant medical supervision by experienced physicians through to all necessary curative applications, aids and facilities. (68)

The emphasis on exercise and sport is a more recent development, not only as part of a cure programme but as a more general trend in Germany. Organised group activities

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being particularly encouraged. Thus the town's administration promotes:

Boundless opportunities for active leisure. For young and old alike - BAD EMS offers fun and relaxation through sports and games. Who wouldn't at some time or other like to be initiated into the secrets of forest wildlife? "Rambling with the Forest Ranger" is a popular pastime which testifies to the enormous interest and pleasure which our visitors have in the life and habits of our "forest inhabitants". Or would you prefer a sporting activity? BAD EMS offers excellent facilities for golf, tennis and riding enthusiasts. Anglers and marksmen are also ideally catered for. It goes without saying that there is a well laid-out jogging course, well-kept footpaths and rambling routes, a gymnasium, a minigolf links and a hot spring [sic] [meaning the thermal swimming pool. JBI] with all modern facilities such as sauna, solarium and suntan studio. There is practically no end to the choice of activities available to visitors at Bad Ems.⁶⁹⁹

Finally the cultural programme, so important to the success of the resort over the past one hundred years.

Cure and Culture. No health cure is complete without its cultural framework: the pump-rooms, the spa park, the open-air concerts and a cultural background that has lost nothing of its original magic charm. It is this cultural framework which is so important when it comes to restoring the necessary harmony between healthy activity and recuperative rest. Visitors to BAD EMS will find everything they need in the way of leisure activities, amusement and entertainment. The carefully chosen programme of cultural activities does justice to the good reputation of BAD EMS as a health resort where life is lived to the full, with its... variegated attractions available for the entertainment of visitors to BAD EMS.⁷⁰⁰

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The promotion of these various activities connected with the cure in Bad Ems demonstrates the continuity of much of spa life over the past one hundred years. Bad Ems has undergone considerable changes, particularly with regards to the cure-
guests since the First World War. The economic base, once a dual structure of mining and cure business, is now heavily dependent on the continued investment of social insurance bodies in clinics in the town. This particular development was not universally welcomed in Bad Ems before the Second World War, reflecting the more general view which feared a loss of status. After the Second World War the extension of health and welfare benefits, indeed the positive promotion of cures as part of state provisions was increasingly accepted, if not welcomed by all the inhabitants of the town.

At the beginning of this chapter we looked at the occupation, at the return of local politics in Bad Ems, and the attempts of the community to restore the local economy. In this context the revival of the spa economy was particularly important and led us to examine planning and decision-making processes in Bad Ems. Mining disappeared completely and the town quickly developed almost exclusively into a spa with a number of environmentally approved administrative agencies attached to the town's economy. Since the Second World War cure-guests have been the centre of attention in Bad Ems and the spa doctors were bound to play an important role in the town. This is why we shall turn to doctors in the next

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chapter. However, the position of these doctors can only be understood against the background of the historical role of medical practitioners in Bad Ems and for this reason we shall once more have to go back in time to look at the town's medical profession.

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Footnotes

- 1) Michels, W.K., *Die Heimat in Scherben* (Koblenz, 1985), p.143.
- 2) *ibid.*
- 3) Billaudelle, K., "Das geschichtliche Schicksal des Ortes Ems" in Billaudelle, K. (ed.), *Die Natur- und Kulturlandschaft von Bad Ems* (Bad Ems, 1979), p.59.
- 4) *ibid.*
- 5) *ibid.*
- 6) Heil, G., "Kampf um's Überleben ging nach Kriegsende weiter" in Heil, G., & Reckert, G. (eds.), *Rhein-Lahnfreund* (Bad Ems, 1986), p.161.
- 7) Berghahn, V.R., *Modern Germany* (Cambridge, 1982), p.180.
- 8) *ibid.*, p.185.
- 9) Billaudelle, K., "Quellen und Kur im Lauf der Geschichte" in Billaudelle, K. (ed.), *Die Natur-*, p.132.
- 10) Heiss, E.W., "Stadtentwicklung und Stadtgestaltung" in Dadder, H., Billaudelle, K., Krause, D., Spornhauser, R. (eds.), *650 Jahre Bad Ems. Stadt zwischen Tradition und Fortschritt* (Bad Ems, 1974), p.40.
- 11) Deutscher Bäderverband e.V. (ed.), *Deutscher Bäderkalender 1949* (Gütersloh, 1949), p.136.
- 12) Bach, G., *Kleine Chronik von Bad Ems* 3rd ed, (Bad Ems, 1975), p.38.
- 13) Schneider, H. (ed.). *Bad Emser Kurzeitung* 98/109, Nr 1, 1 May 1951.
- 14) Berghahn, V.R., *Modern Germany* p.201.
- 15) Bach, G., *Kleine Chronik* p.39.
- 16) Billaudelle, K., "Das Geschichtliche" p.60.
- 17) *ibid.*
- 18) Willis, F.R., *The French in Germany 1945-1949* (Stanford, 1962), p.29.
- 19) *ibid.*, p.31.
- 20) *ibid.*, p.32.

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- 21) *ibid.*, p.181.
- 22) *ibid.*, p.184.
- 23) for full details see *ibid.*, p.121.
- 24) Points 1-3 of the Potsdam Agreement on de-nazification quoted in *ibid.*, p.152.
- 25) Point 4 of Potsdam Agreement quoted in *ibid.*
- 26) Fitzgibbon, C., *Denazification* (London, 1969), p.103.
- 27) Childs, D. & Johnson, J., *West Germany: Politics and Society* (London, 1981), p.17.
- 28) *ibid.*, p.21.
- 29) reproduced in Heil, G. & Reckert, R. (eds.), *Rhein-Lahnfreund* (Bad Ems, 1986), p.165.
- 30) Childs, D. & Johnson, J., *West Germany* p.23.
- 31) reproduced in Heil, G. & Reckert R. (eds.), *Rhein-Lahnfreund* (Bad Ems, 1986) p.165.
- 32) for *Landtag* elections voters had to be resident for six months, for *Bundestag* elections, three months.
- 33) Statistisches Landesamt Rheinland-Pfalz, *Die Wahlen zum Landtag und Bundestag in Rheinland-Pfalz 1947-1955* vol 39, (Bad Ems, 1956), p.VII.
- 34) Statistisches Landesamt Rheinland-Pfalz, *Gemeindestatistik von Rheinland-Pfalz* vol 21, (Bad Ems, 1952).
- 35) Berghahn, V.R., *Modern Germany* p.181.
- 36) Petry, A., "Die Städte in unteren Lahntal und ihr Umland" unpublished state examination paper, University of Mainz, 1969, p.61.
- 37) Börsch, D., "Die Kulturlandschaft an der unteren Lahn" Ph.D. thesis, University of Mainz, 1963, p.141.
- 38) see Chapter One, p.33.
- 39) Billaudelle, K., *Kurzgefaßte Geschichte von Ort und Bad Ems* (Bad Ems, 1983), p.31.
- 40) Börsch, D., "Die Kulturlandschaft" p.101.
- 41) for figures on transport see Börsch, D., "Die Kulturlandschaft" p.106.
- 42) Petry, A., *Die Städte in unteren Lahntal* p.64.
- 43) *ibid.*, p.62.

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- 44) *ibid.*, p.63.
- 45) Börsch, D., "Die Kulturlandschaft" p.141.
- 46) *ibid.*, p.103.
- 47) *ibid.*
- 48) Billaudelle, K., "Das geschichtliche Schicksal" p.61.
- 49) Deutscher Bäderverband e.V. (ed.), *Deutscher Bäderkalender 1954* (Gütersloh, 1956), p.192.
- 50) Deutscher Bäderverband e.V. (ed.), *Deutscher Bäderkalender 1958* (Gütersloh, 1958), p.148.
- 51) see Chapter Two on social cure p.108ff.
- 52) Kreitz, R., "Wirtschaftliche Strukturanalyse von Bad Ems" unpublished paper, University of Giessen, 1971, p.20.
- 53) *ibid.*, p.22.
- 54) Billaudelle, K., "Menschen und Mundart" p.86.
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- 57) Statistisches Landesamt Rheinland-Pfalz, *Gemeindestatistik von Rheinland-Pfalz. Teil I. Bevölkerung und Erwerbstätigkeit* vol 109, (Bad Ems, 1964).
- 58) Statistisches Landesamt Rheinland-Pfalz, *Gemeindestatistik von Rheinland-Pfalz. Teil II. Bevölkerung und Erwerbstätigkeit* vol 221, (Bad Ems, 1973).
- 59) Statistisches Landesamt Rheinland-Pfalz, *Gemeindestatistik von Rheinland-Pfalz. Teil I. Gebäude und Wohnungen 1968* vol 220, (Bad Ems, 1971).
- 60) *ibid.*
- 61) Billaudelle, K., *Kurzgefaßte Geschichte* p.32.
- 62) "Mit Hufeland-Klinik will sich Bad Ems die Zukunft und „Kur-Geschäft" sichern" in *Lahn-Zeitung* 2 November, 1976.
- 63) *ibid.*

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- 64) Kleinert, E., *Das Heilbad, Kur und Kurerfolg* (Bad Nauheim, 1980).
- 65) *ibid.*, p.31.
- 66) Staatsbad Bad Ems GmbH, *Bad Ems* Nr 11, (Bad Ems, 1981).
- 67) *ibid.*, p.4.
- 68) *ibid.*, p.6.
- 69) *ibid.*, p.8.
- 70) *ibid.*, p.10.

CHAPTER FOUR

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Within the socio-political context described in the previous chapters one particular group has consistently exerted a powerful influence on Bad Ems - the medical practitioners who prescribed treatment using the mineral waters of the spa. In general "western medicine is...an occupation of high prestige and authoritative pre-eminence,"¹ a position which, in the specific case of the socio-economic structure of Bad Ems, has been further enhanced by the key role that doctors have played in the local economy. In Bad Ems, too, doctors have been considered as notables in the local community and have been accorded considerable prestige. Before looking in detail at the medical practice of treating illness with mineral water cures - the sciences of balneology and hydrotherapy - the spa doctors of Bad Ems, the relationship between them and with the local community will be considered.

The number of practising doctors in Bad Ems had increased throughout the 19th and 20th centuries: in 1822 there were three doctors, six by 1859 and twelve by 1883. On the eve of the First World War eighteen doctors were registered, falling slightly to fifteen by 1930. Six years after the end of World War II numbers had risen again to seventeen and continued increasing, reaching twenty-seven by 1965. In 1981 thirteen of the twenty-seven doctors practising in Bad Ems specialised in cure treatment and more doctors were

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specifically attached to cure clinics and homes owned and/or administered by insurance companies.

The springs at Bad Ems had attracted the attention of medical practitioners well before the 19th century. They came to Ems to investigate the waters and write about their findings, to practice and improve treatment methods and, as with other spas in Germany, because a spa "is interesting for the spa doctor for financial reasons."²

In the 18th century Lavater refers to his consultation with the *bath medicus* in 1774³ and there was a bath and spring doctor on the staff of the *Kurhaus* in 1782.⁴ During the 16th and 17th centuries a number of publications appeared which attempted to analyse the contents of the mineral waters of Ems and described their effects on a variety of illnesses,* two of which had an important impact on cures in Bad Ems; *Von Eymser Bad* by Dryander, which appeared in 1535⁵ and in 1627, *Ausführliche Beschreibungen des vortrefflichen und warmen Badts Embtz* by Weigel, who spent "many years in Ems"⁶, although it is not clear whether he

* The word *illness* will be used throughout for continuity rather than *sickness* or *disease*.

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practised there. Following Dryander's book at least thirteen works were published on the cure in Bad Ems over the next two hundred and fifty years.⁷⁹ This established the spa as a centre of curative treatment.

Thenceforward doctors were to play an increasingly important role in the promotion of the resort and in changing the local economy. In the 19th century their efforts to establish and improve both their personal reputation and that of the spa and its waters at times adversely affected their commitments to local inhabitants and tensions existed between the doctors and the local community which periodically flared up publicly. The position of the local authority in such matters was often ambiguous; it too was eager to attract guests to the resort but was also aware of obligations to the local population. However, as we shall see, in cases of complaint, whilst occasionally issuing reprimands to doctors, it invariably supported the professionals.

The first doctor officially appointed by the local administration - Friedrich Diel - had worked as medical adviser to the district from 1790 and in 1818. As part of wider reforms of the health system of the Duchy of Nassau he was promoted within the Duke's advisory staff "in recognition of his excellent work in the past" and appointed "spa and spring doctor for Bad Ems."⁸⁰ This and subsequent official appointments provide valuable records of the relationship

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between the local administration and spa doctors and between the doctors, local people and cure-guests.

The seasonal nature of cure-taking meant that Diel only practised as a spa doctor during the summer months, and his contract stipulated that he must be present in Bad Ems from the first of May until the end of September. Diel apparently did not always comply with his employer's wishes and the administration complained that he left when there were still guests present. Diel maintained that it was sufficient to arrive "in the first days of spring and to remain until late autumn."⁹ Diel also had duties elsewhere in the district and to the rest of the town. He supervised medical institutions and was instrumental in the relocation and improvement of the *Armenbad*.

Diel's appointment lasted for forty years and his contribution to the cure in Bad Ems was acclaimed by both Stemmler and Spengler in their books on the town. Stemmler, writing in 1937, devoted a special chapter to Diel, "to whom Ems is actually indebted for its rise and prosperity."¹⁰ And Spengler described Diel in 1859 as the "reformer, or rather founder of the whole of present day cure life."¹¹ Among his many publications,¹² *über den Gebrauch der Thermalbäder in Ems* (1828) and *über den innerlichen Gebrauch der Thermalquellen in Ems* (1832) were particularly widely read and highly regarded by other spa doctors in Germany and

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abroad and "had a great influence on the development of Ems."¹³ Diel spoke English and French and his popularity and reputation spread beyond Germany, in particular attracting many eminent Russians "who hurried in great numbers to Ems to consult him; Russian noblemen and women formed orderly queues outside his room for a consultation."¹⁴

In 1814 Diel was joined in Bad Ems during the season by the physician to the Duchy of Nassau, Christian Thilenius, who had had connections with Bad Ems for some time, and in the late 18th century was responsible for introducing a small band of Bohemian musicians to entertain the guests during the season. Spengler maintains that Diel, "in contrast to other spa doctors...showed no rivalry towards his colleagues,"¹⁵ there was apparently little need to fear competition from Thilenius, who earned only about one-third as much as him. Thilenius found that the inhabitants of the district were so poor that he could not earn a living from them and wrote that, "what is earned during the summer at the spa is spent over the winter and in spring debts are incurred which rely on the following summer's income - which remains very uncertain."¹⁶

In 1818, as part of the medical reform in the Duchy Thilenius lost his post and died later that same year. His position as physician to the Duchy was taken by Johann August Vogler, who had served as regimental doctor to the Nassau

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troops and went with them to Waterloo. Whilst enjoying the office of privy councillor and having an "excellent"¹⁷² medical training as a surgeon, Vogler had no formal qualification to practice as a spa doctor. This did not, however, deter him from making Bad Ems his home and setting up his consulting room there. Indeed, reports indicate his exclusive interest in cure guests, to the detriment of the residents in the district and his official obligations. In the mid-1820's complaints were made to the regional administration by a number of local residents who claimed that Vogler "did not visit the district's inhabitants and disregarded his other official duties during the summer."¹⁸² Even more worrying to the regional administration, which subsequently issued a serious reprimand to Vogler, was an incident involving a cure-guest. Vogler, dissatisfied with the payment received from a guest, refused to allow him to leave and demanded an additional payment, which the guest refused to settle, complaining that the fee was exorbitant. The police had to intervene and whilst a compromise sum was eventually agreed, the administration remained extremely concerned about the reputation of the spa. Nevertheless, Vogler continued to practice, and to upset the regional administration which in 1825 complained the "he [Vogler] cultivates his cure practice in a most careful way to his own advantage whilst neglecting his official duties as medical officer."¹⁸³

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A solution to the continuing problem of Vogler's indifference to the local population and his obligations to the local authority was found in 1827 when a post as assistant to Vogler was created, a move necessitated "because of the limited trust which he [Vogler] enjoys and because during the summer season he can be said not to exist for the rest of the area."²⁰ Vogler's career was in no way adversely affected by such complaints, on the contrary, in 1829 he was appointed to deputise as local commissioner for one year. Not surprisingly, Vogler eventually sought to shed all his official duties in order to concentrate on his spa practice. By the early 1830's the number of cure-guests had almost tripled since he first came to Bad Ems, keeping him too busy to attend to the local population. Two further and serious complaints of neglect of duty were lodged against him - two local women died and Vogler, arriving too late, excused his tardy response to their condition saying that he must "first attend to new cure-guests at the springs."²¹ This time the authorities accepted his resignation from his official post, not before, however, a letter signed by eighteen residents of Bad Ems had been sent to the Duke proclaiming that he "has always been an obliging doctor as well as a helpful and honest citizen and that his excellent medical understanding has been recognised by the residents as well as by the visiting public."²²

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Vogler continued to practice in Bad Ems and treated a great many influential cure-guests. In 1854 he was joined by his son who wrote his thesis on the springs at Ems in 1851. Vogler senior fell ill at the end of the 1850's and died aged 70 in 1860. He had been a controversial figure in Bad Ems and his fortunes encapsulate the various tensions which existed between the spa doctors and the local community. His continued success, despite some very serious complaints, would suggest that he had some loyal and influential supporters. Services rendered to the Nassau regiment and the Duke would have found him favour, he treated many important visitors and enhanced his reputation as a spa doctor through his publications²³ which were recognised, or at least accepted by fellow practitioners, and most importantly by his colleagues in Bad Ems.

By 1820 Diel, having served as a spa doctor in Bad Ems for thirty-one years, "and having sacrificed the best time of my life by foregoing the pleasures of summer"²⁴ was finding the workload too heavy and requested the appointment of a further doctor. "My age and the almost annual increase in the number of guests no longer permit me to look after this spa in a way that the cure-guests can depend satisfactorily on medical care."²⁵ A third doctor, recommended by Diel and opposed unsuccessfully by Vogler, was appointed in 1820 - the first of four generations of Dörings to settle and practice in Bad Ems. Sebastian Johann Ludwig Döring practised in the

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Kurhaus, where, unlike his colleagues he was charged rent. He expressed his dissatisfaction with this and went on to refuse to declare his earnings to the tax office, maintaining that he was exempt. He thus struck what must have been a popular blow with the other and future spa doctors in Ems when the local government found in his favour and declared that earnings from spa practices were not subject to tax. Döring worked hard and in 1822 took over from Diel as doctor to the *Armenbad* and increased the number of patients treated there. He retired in 1835 and his son, Albert Jacob Gustav, took over the spa practice as well as the care of the patients in the *Armenbad* as part of his duties as medical adviser to the Duchy. Under A.J.G. Döring the *Armenbad* was enlarged, and between 1837 and 1854 2,914 patients were treated there.²⁶⁾ In 1843 he was promoted to chief medical adviser, he had a successful spa practice, particularly with French guests whose language he spoke well. His popularity with cure-guests did not, however, extend to his colleague Vogler. Relations between them were so strained that the regional administration admonished them for their public quarrels - Vogler had accused Döring of issuing a false death certificate and Döring had encouraged a local man to lodge a complaint about Vogler's treatment of his son as well as his own accusation of Vogler's neglect of local patients. The administration resolved to let the matters rest "so as not to heighten the already tense situation existing between Privy

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Councillor Vogler and Chief Medical Officer Döring by a further prosecution."²⁷

Döring also encountered difficulties with the administration of the Duchy following his involvement in the *Citizens Association* founded by Dr. von Ibell. Late in 1848 the local administration reprimanded Döring for neglecting his official duties, which caused a storm of protest from the town. A petition, signed by two-hundred citizens of Bad Ems, was drawn up both to express their confidence in Döring and to dismiss the accusation as "an intrigue created by...[Döring's] brother-in-law and deadly enemy Vogler."²⁸ Döring, however, felt that "the events of 1848 were behind it",²⁹ a reference to the fact that Germany was hit by a Revolution that year which politicised and divided many communities. Perhaps it was a combination of the two. Certainly the result was that in 1849 the Duke of Nassau forced Döring to leave Bad Ems and reside in Nassau, where he continued to work as medical adviser and to press for a return to Bad Ems, a request always denied. Döring's subsequent reports on Bad Ems, written in his capacity as health inspector, are particularly critical from 1850 onwards. He described the sanitary arrangements as poor and when an epidemic of fever broke out in 1852 he blamed the filthy streets, which were not drained and were "soiled by herds of pigs.. Stinking animals are herded through the streets to drink at the Lahn in broad daylight and sewerage

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goes directly into the river which smells terrible."³⁰
Whilst the public conveniences in the *Kurhaus* "are the greatest blemish [in Bad Ems] and anyone forced to use them...has to be pitied...and are lucky to escape before suffocating."³¹

Despite the experiences of his father, Albert returned to Bad Ems in 1862 and practised there for more than thirty years. He was in turn joined by his son, also Albert, in 1887, who remained in Ems until 1907 so that the Dörings spanned eighty-seven years with one short interruption in Bad Ems. The two Alberts compiled a thorough analysis of the illnesses they treated, and this provides valuable information for the chapter on balneology below.

As mentioned above, Döring was not the only local doctor involved in the Citizens Association. Indeed it was founded by Dr. von Ibell. It was a democratically organised association, all members of the executive had equal status, and concerned itself both with national and local politics. It sent greetings to the new interim head of state and the Frankfurt Parliament:

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High assembly of the Reich!

The Citizens Association of Ems is very happy to support fully the sentiments expressed by the Frankfurt Assembly. We, the citizens of Ems, are also convinced of the importance...of holding on to the binding legislative power of the majority decisions of the German Parliament. We too are prepared to defend...the foundations of our newly built state (the people's sovereignty).³³

It also proposed changes in the administration of the spa; profits from the casino were to go to the local authority to pay for public amenities; a toll on the bridge for visitors to fund an improvement scheme in the town and a system of agreed rent to be charged because, it was claimed, landlords were receiving so little from guests. The committee also set out to "fight petty rivalry between the village and spa and any other prejudice which would upset harmonious understanding and thus impede reasonable progress."³³

The only concrete achievement would appear to be the banishment of the *Bohemian* orchestra and its replacement by German musicians as "an act in the spirit of the times... giving gainful employment to citizens of Nassau."³⁴ Indeed "in these troubled days Ems actually remained a haven of peace"³⁵ and the committee's activities had no effect on guests, although numbers did drop dramatically as a result of unrest nationally (from 4,535 in 1847 to 2,166 in 1848).

Political activities were not the only cause of friction between the spa doctors in Bad Ems and the local

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administration. A colleague of Döring and von Ibell, Johannes Baptista Franque, was at the centre of a dispute between the town council and the state ministry. Franque, who was first appointed as medical adviser to the government in 1821, began practising as a spa doctor in Bad Ems in the summer months in 1835. The following year he was promoted to the office of chief medical adviser to the district and made a member of the state ministry, advising on health matters. His work as a spa doctor in Ems earned him an hereditary title from the Russian Tsar in 1840 and much acclaim as a very skilled medical practitioner.³⁶ By 1848 the town council was pressing for von Franque to stay permanently in Bad Ems so as to "devote himself totally to raising the status of the spa."³⁷ The ministry demanded that von Franque choose between his careers as spa doctor and ministerial adviser, since to continue with both was "no longer tenable",³⁸ and Franque chose the ministry. There was immediate outcry in Bad Ems and the council petitioned for Franque's return: "Doctor von Franque had inspired great confidence and many patients will go to other spas rather than to a doctor other than him in Ems."³⁹ The petition was successful and von Franque was allowed to return, although he was stripped of his ministerial office until 1854 and he practised in Ems until his death in 1865.

By the mid-nineteenth century six doctors were practising in Bad Ems and the number of guests had risen to more than five

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thousand. The volume of guests appears to have occupied their time fully and the town's commissar complained that the doctors in Ems "did not concern themselves with the vitally important sanitary arrangements of the town"⁴⁰ and their eagerness to encourage visitors meant that an epidemic of scarlet fever in 1857 "was kept secret."⁴¹

As the number of doctors increased, so did the forms of and opinions on treatment using the mineral waters of Bad Ems. Rivalry between the spa doctors grew as the number of guests rose and in the late 1850's a particularly unpleasant campaign was waged against one of the town's most famous practitioners - Dr. Ludwig Spengler.

Spengler, who wrote many books on the cure at Ems, ⁴² has been described as "the greatest propagandist for Ems."⁴³ He wrote historical as well as medical accounts of the cure in Bad Ems. He fell foul of his colleagues, however, with the introduction of an inhalation apparatus of his own design. Other doctors in Bad Ems were less enthusiastic about Spengler's machine and treatment and an "unsavoury dispute, partly academic, partly personal" erupted.⁴⁴ The campaign against Spengler led by two spa doctors (Orth and Heydenreich) found support among the "majority of the other practitioners"⁴⁵ in the town. Feelings ran high against Spengler for a number of years and in 1860, when he organised a day of celebration to mark the unveiling of a commemorative

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statue of Diel in the *Kurgarten*: "Participation by the townsfolk was very low and, as expected, none of the local doctors appeared at the procession, dinner or ball - the doctors kept their distance because of their enmity towards Dr. Spengler."⁴⁶ Despite this ill-feeling and isolation Spengler continued with his practice and "because of his great reputation as a spa doctor most patients tended unquestioningly to attribute the furtive animosity of his fellow professionals to the unceasing envy of the dear colleagues."⁴⁷

Although opposition was fierce and criticisms strong of Spengler's methods, no official complaints were made by his medical colleagues until after his death in 1866, when in response to increasing pressure from local doctors, the new Prussian government ordered the closure of Spengler's treatment rooms. Henche attributes the reserve of local doctors to their "respect for a colleague, efficient and hardworking in more than one area."⁴⁸ Spengler's reputation, his popularity as a spa doctor and his position of trust in the town as a privy councillor together with self interest in and concern for the wider reputation of the resort and their profession could equally explain their reluctance to quarrel too publicly and possibly cause a scandal.

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There were also diverse opinions regarding the treatment of tuberculosis and the matter was debated among the practitioners, although not publicly, in Bad Ems for a number of years. Medical knowledge concerning the disease was, to say the least, limited in the 19th century. Whilst Koch succeeded in isolating the bacillus in the 1880's no real cure was found for many more decades. Opinion in Bad Ems was divided as to the resort's suitability for tuberculosis sufferers. The town's medical adviser, Panthel, included the treatment of "the long and wearying catarrhs of the organs of the chest [and]...most strongly recommend [Ems] to all suffering from tuberculosis diseases," in his guide to the resort published in 1889.⁴⁹ Less than twenty years later, however, opinions had changed considerably, and most practitioners in Bad Ems agreed that tuberculosis patients could not be helped by a cure there. Dr. Reuter, published in English in 1908⁵⁰, pointed out that "Tubercular affection of the lungs was considered till late years as a complaint suited to our cure. According to our present convictions, this disease can only in rare cases benefit by it."⁵¹ And Dr. Eduard Aronsohn's *Erfahrungen und Studien über die Indikationen der Emser Kur*⁵² published in 1912 blamed the slow growth of the resort in the twentieth century on the fact that tuberculosis patients were now going to new sanatoria or were being cured by surgery.

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In fact cure business was still thriving, more than ten thousand guests in 1913, keeping eighteen doctors busy⁵³: "Up until the First World War theirs [the doctors of Ems] was a wonderful time, many earned five or six figure salaries."⁵⁴ Tensions still existed, however, between the spa doctors and the local inhabitants who, just as a century earlier, were, it was claimed "ignored" by doctors "who were only interested in the guests" and concerned "to earn enough in five months to live all year."⁵⁵ Despite their attitude to the townsfolk, at the turn of this century "doctors in Ems occupied the highest rank as a social group."⁵⁶ This did not, however, mean that they were particularly popular in the town: "They were not totally pleasant...since their local independence made them look haughtily upon everything else, including their own colleagues."⁵⁷ Bach, writing in 1942, argued that, "the First World War, inflation and what followed has devoured this type to the last man."⁵⁸ In fact seven doctors, who had been practising in Bad Ems since the previous century, were still in Ems in 1913, four of whom were still working in 1931 and one, Dr. Stemmler, in 1934 although, "during the Third Reich Dr. Stemmler gradually lost all his offices and functions because of his former political activities (in the conservative Catholic Centre Party)."⁵⁹

Stemmler had begun to practice in Ems in 1893, taking over the surgery of Dr. Heeb on his death. He worked not only as a spa doctor but also as a surgeon in the *Marienkrankenhaus*,

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established in 1901. In 1904 he bought the *Mainzer Haus* in Spieß built in 1696 which he made his home and his consulting room. Stemmler was also interested in local history and published two books on Bad Ems.⁶⁰⁰ He was president of the Centre Party in Nassau for many years and a delegate to the Prussian State Parliament and still found time to attend numerous meetings of spa doctors at home and abroad in his capacity as a member of the executive board of the association of German spa doctors. He spoke French fluently and is credited with attracting "a remarkable increase of the stream of French visitors to the spa" following a lecture in Paris and "his publications on balneological and bronchitis therapy...are to a certain extent still valid today, and they made the name of Bad Ems widely known."⁶¹⁰

During the First World War the indefatigable Stemmler, together with Dr. Reuter, set up the first balneological research institute in Bad Ems, taken over in 1922 by Dr. Diener.

The gradual specialisation of spa medicine, the formation of the Balneology Society and the Federation of German Spas in the late 19th century and the appearance of journals concerned solely with spa treatment and aspects of the cure at the beginning of the this century, meant that debates were increasingly conducted within a specific forum. Thus since the First World War spa doctors in Ems, as those elsewhere in

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Germany, contributed articles on specialised aspects of the cure rather than the individual books on the spa which had appeared previously. Stemmler, writing in 1937, noted that "in line with the enormous rise in specialisation in the practice of medical science spas and health resorts have also increasingly refined, i.e. specialised, the indications of spa treatment."⁶² In the inter-war period Bad Ems became known as a spa particularly useful for the treatment of asthma and catarrhal complaints, a reputation boosted by the work of the research institute which concentrated on the diagnosis and treatment of these illnesses. The treatment of some diseases thus became less important as "catarrhal complaints of the breathing organs and asthma became the most prominent objects of the cure in Ems."⁶³

In 1920 sixteen doctors were practising in Bad Ems, numbers falling slightly ten years later to fourteen. The coming to power of the National Socialists in 1933 soon had its influence on the doctors in Bad Ems. In September 1933 the Reich's Commission for Medical Affairs appointed two doctors to regulate medical services in the town. A meeting was called of 'Aryan' members of the local medical board, which was disbanded and a new association formed - the *Verein Emser Badeärzte zu Bad Ems* with twelve members. The minutes of that meeting record that "those present were sworn to complete secrecy over the content of the discussion."⁶⁴

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With the coming to power of the Nazis in 1933 "began the systematic organisation of the persecution of Jews... instituting the boycott of Jews, expelling them from public life, making them subject to special laws, and finally annihilating them."⁶⁶ Within a matter of months laws were introduced to exclude Jews from public life and by the spring of the following year "the restrictions affected ... 3,000 physicians...of Jewish descent."⁶⁶

The fate of the Jewish Dr. Cohn is not known. He was euphemistically described as 'on holiday' in the minutes of the first meeting of the *Verein Emser Badeärzte zu Bad Ems* in 1934. The arrangements necessitated by his absence would indicate that he had left Bad Ems and would not be returning. In response to a dispute which had taken place the Chairman of the *Verein* read out a letter sent to a resident of Ems who had telephoned for a doctor to stand in for Dr. Cohn and treat his mother:

Herr... had to refuse your request since it is forbidden for Aryan doctors to deputise for Jewish doctors. However, the medical care of your mother is in no way endangered by this regulation. You need simply to call...another doctor as an independent doctor and he will of course attend. Under these circumstances there would be no request for a deputy but a change of doctor, which is practically the same thing. Herr. Dr.... did try to explain this to you on the telephone. You chose, however, to hang up complaining. The situation has been shared with you so that no false rumours are spread."⁶⁷

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As we have seen in Chapter One, the number of cures taken during the period of National Socialism and before the outbreak of World War II averaged circa seven thousand each year thus providing sufficient income for the twelve doctors employed in Bad Ems. When war began some spa doctors were conscripted to care for the wounded elsewhere. Dr. Schlosser, who had come to Bad Ems in 1938 and was attached to the *Diakonissenheim*, was sent to care for the wounded on the Eastern Front, returning to Bad Ems to resume his position after the war. Doctors Schlaudecker and Mock served with the military throughout the war and in 1945 came back to practice as cure and spa doctors. Schlaudecker, who died in 1979, unlike some of his predecessors did not confine his attentions to the cure-guests after the war, and is remembered for his interest in and care of the civilian population of Bad Ems, especially the poor in the immediate post-war years and the miners of Bad Ems with their specific lung complaints.

The dramatic recovery of Bad Ems as a spa after the Second World War also attracted new doctors to the town. One particularly important doctor was Dr. Doepner who came to Bad Ems in 1949. He began his practice in the town in an hotel, treating cure-guests. From only twenty beds Doepner soon expanded and rented a further fifty beds in a house in 1952. His sanatorium's success was not, however, universally welcomed in the town and in 1954 there was a complaint

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concerning Doepner's behaviour in his search for further properties. The writer of the letter expressed concern to the spa director that by expanding his clinic for civil servants and *Angestellte*, "Bad Ems will indeed be branded as a *Sozialbad*, which the restaurateurs and doctors wish to avoid, particularly since...only one person will profit therefrom."⁶⁸ Despite resistance Doepner opened two more small clinics in 1955 and 1963 and the total number of beds rose to 260. Not only was Doepner actively involved in treating social insurance cure-guests until his retirement in 1975, he also played a part in local politics. He was SPD member of the *Kreistag* and participated in the local Spa and Tourist association. Doepner died in 1981 and his clinic in the *Römerstraße* is now the *Deutschen Ordenshospital*.

As the number of cure-guests began to rise, so did the number of medical practitioners in the town and by 1951 there were seventeen doctors in Ems. The process of 'democratisation' which cures and spas underwent with the increase in the number of cures as part of state health and welfare benefits has meant that less information is available concerning individual guests, particularly noticeable with regard to the details included in the *Kurliste*. In much the same way, the development of scientific medicine, the increasing specialisation within the profession and the institutionalisation of modern treatment facilities,

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especially the vast new cure-clinics, has made the doctors who practice there more anonymous.

As we have seen in the first half of this chapter there were eminent medical practitioners in Bad Ems, people who did much to build up the spa and turn it into a major factor for the local economy and who published books on the cure in Ems and the forms of treatment for particular diseases. All these aspects experienced a noticeable decline especially after the Second World War. Spa doctors in Bad Ems no longer published books nor were they as active in the community, working in the clinics and cure-homes in the town. Of course in this role they still wielded considerable authority over the cure-guests, an aspect with which we shall deal in Chapter Six. It would be wrong, however, to assume that this was their only sphere of influence. On the contrary they were an important factor in local politics and influenced decisions regarding the development of the town. It is true that few appeared publicly in local politics as members of the town council, the above mentioned Dr Doepner being an exception. However, the rest of the medical community was certainly indirectly involved in local politics as a kind of pressure group supported by the 'faceless bureaucrats' of the social insurance bodies. Thus doctors were able to exert the weight of their opinions when it came to plans regarding the regulation of traffic in the town and the eventual decision to construct clinics on the *Bismarckhöhe* because of the noise

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and pollution caused by the increase in road traffic through the town over the past twenty years.

But what even these instances point to is that the distance between the local spa doctors, the local community and the cure patients has increased. In Chapter Six we shall have to look at the doctor-patient question in more detail. As far as this chapter on spa doctors in Bad Ems is concerned the increasing anonymity of the medical profession presents certain methodological problems for this study. Materials and information concerning doctors in Bad Ems before the First World War was fairly comprehensive. Since the Second World War in particular such detailed information is not so readily available. Thus whilst knowing the names of spa doctors practising in Bad Ems it has proved an impossible task to find specific data on them. It would be wrong, however, to assume that the medical community in Bad Ems has stopped publishing all together. Rather they, like spa doctors throughout Germany, now write for the medical profession, in particular for the balneological practitioners, and not for the general public which in this instance includes historians. The setting up of the Balneology Society, of various institutions researching balneology and hydrotherapy and the growth in the number of specialist journals such as *Heilbad und Kurort* has meant that spa doctors today contribute articles to journals and present their papers at conferences in other places for spa

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practitioners from all over the world. An international spa federation of spa medicine was set up in 1937, with members from twenty-six countries and after the Second World War contact between German spas and those in other countries was re-established in 1947 and the *Fédération Internationale du Thermalisme et du Climatisme* (FITEC) was founded in 1950.

This gradual specialisation of spa medicine is reflected in the publications on treatment in Bad Ems which has become known as a centre for the treatment of lung complaints. Bopp, director of the *Staatlichen Kur- und Spezialklinik für Erkrankungen der Atmungsorgane Bad Ems*, for example, has written a number of papers and articles on the treatment of unspecific diseases of the lungs⁶⁹⁾ and also contributed to a brochure on Bad Ems detailing the "new direction of the cure in Bad Ems"⁷⁰⁾ in which he emphasized the role of spa medicine in the statutory health and welfare provisions. A cure in Bad Ems is recommended by Bopp for a wide range of illnesses including:

Unspecific lung and bronchial illnesses (under which umbrella term at the moment comes bronchial asthma and its effects especially chronic bronchitis and other complaints which obstruct ventilation as well as allergic and non-allergic reactions in the upper respiratory tracts).
Heart and circulation complaints and,
Diseases of the joints and tissues.⁷¹⁾

In the immediate post-war years the future of the balneology research institute in Bad Ems, founded by Stemmler and Reuter

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during the First World War, was uncertain. The pressing task of reconstruction facing the spa appears to have delayed the re-opening of the institute for almost twenty years. In 1964 a new state research institute was opened under the leadership of Dr. Bopp aiming to "expand and consolidate empirical balneology through planned research, the use of statistics and of quantitative and exact methods of natural science."⁷²

By 1961 there were at least twenty-five doctors practising in Bad Ems and almost twenty years later, in 1980, the number had risen to thirty. The relationship between the doctors and the local community at the end of the seventies appears to have been particularly strained when the two new cure clinics and a new general hospital were opened on the *Bismarckhöhe* on a plateau above the town. Not only were local residents concerned about a possible loss of income with the removal of cure-guests from the town but also that general practitioners would forsake the valley. However, in 1980 the local board of doctors issued a statement reassuring patients that no general practitioner intended to move to the *Bismarckhöhe*.

The relationship between the local community and the spa doctors in Bad Ems has been at the centre of this chapter. However, as mentioned earlier, there is also the relationship between the doctor and patient to be considered. At the same

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time this relationship cannot be understood without a detailed analysis of traditions of spa treatment and it is with this aspect that the next chapter is concerned.

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CHAPTER FIVE

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However important the role of doctors in Bad Ems may be in terms of community politics and society, their relationship with patients taking a cure deserves an even more detailed analysis. In order to understand this relationship it is first necessary to examine the development of various forms of treatment which they prescribed. This involves the study of practices and techniques associated with the science of balneology, with special reference to therapies used in Bad Ems, as well as considering the debates and arguments surrounding the cure in Germany, particularly since the Second World War.

The history of spas as centres of medical care and treatment reflects wider developments in the history of medicine. Until the end of the eighteenth century, medical knowledge was limited; it was a time of experimentation, superstition and tradition. During the nineteenth century the growth and spread of scientific knowledge and methods included forms of treatment of the science of balneology.

References to the practice of the bathing in, or the drinking of, mineral spring waters to treat illness can be found in writings dating back to Roman times when both mineral waters and mud were used in the treatment of gout, lameness, bladder and kidney complaints and for general

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debility. Until the fifteenth century the use of mineral springs was often associated with superstitious or religious practices, which Martin¹ has studied in detail "in order to see how, from the originally mythical uses of the healing springs, scientific balneology crystallized and developed."²

The traditional pagan festivals of the *May Bath* and the *Midsummer Day Bath*, when spas were centres for feasting and bathing, survived vigorous opposition from the authorities and the church and "certainly can be attributed to the effects of the baths of preserving or promoting health"³ and probably accounts for the fact that until the sixteenth century a cure was undertaken in springtime rather than in the summer. A number of books appeared on the uses and benefits of mineral waters from the eleventh to fourteenth centuries, predominantly in Italy, and contained information which was subsequently included in German books published in the fifteenth and sixteenth centuries "when German doctors began to look at the therapeutic uses of mineral springs."⁴

The earliest German book on spas appeared in 1480, i.e. Hans Foltz, *Dises Puchlein saget uns von allen Paden, die von Natur heiß sein*. It described the spas at Baden-Baden, Ems, Karlsbad, Liebenzell, Pfäfers, Wiesbaden and Wildbad as well as resorts in Switzerland, Italy, France and Hungary. Foltz, like his predecessors writing elsewhere in Europe,⁵ stressed the importance of medical consultation before undertaking a

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cure and recommended taking a doctor along if possible. Doctors only began to set up practices in spas at the end of the sixteenth century and noblemen usually took their personal physician with them.^{6>} Medical knowledge was improving but still very limited in the sixteenth century and ill health was ascribed to the presence of *evil humours* in the body.^{7>} Treatment at a spa thus took the form of a purge, bathing until a severe rash erupted all over the body or drinking until acute diarrhoea was induced. A cure was undertaken for three weeks and, in the case of a bathing cure, involved around one hundred hours spent in the water, and there are records of many more hours - one hundred and seventy-seven over three weeks in one case.^{8>} The three weeks were divided into three periods: for the first six days bathing for two hours in the morning and two in the afternoon, after which at least four hours, twice daily, increasing to a total of nine to twelve hours a day - at which point the rash should erupt and bathing would be reduced to two hours twice daily for the last six days^{9>}, "it being assumed that the evil humours were driven from the body into the eruption in the skin; and then the eruption was bathed away, thus removing it from the body."^{10>}

Drinking cures were also based on the principle of quantity rather than quality, and over a similar period consumption was increased from one and a half litres daily to three and back to one and a half - the evil humours being driven out

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of the body in an equally unpleasant and uncomfortable way. The dedicated often combined a bathing and drinking cure and the informal social life which took place in spas provided a welcome relief from the rigors of treatment. Bathing at that time was communal - up to thirty people of both sexes in one pool. Bathers received visitors, enjoyed conversation, took their meals in the water in floating trays, wrote letters on floating desks and played chess on floating boards whilst musicians played and sang. Many guests, wishing to hasten the eruption of the rash, remained longer than recommended in the water, indeed there are reports of people staying in the water for twenty-four hours, sleeping, and sometimes drowning in the bath.¹¹³

In the sixteenth century one doctor in particular became very important in the field of medicine and in the area of cures, Paracelsus (1493-1541), a physician and scientist who was particularly interested in diseases such as gout, arthritis and kidney complaints. He was "dissatisfied with the traditional medical theories" and developed one which "was meant to be scientific, but actually, although concepts of science were used, ...was a philosophic system and was just as speculative as the Greek systems had been."¹²³ In his many publications Paracelsus provided extensive lists on the application of spring waters for a variety of illnesses. Without conducting an analysis of the waters, hundreds of spas were recommended, many of which were subsequently shown

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to contain no special minerals and have since been forgotten. And whilst it may be true that "he accomplished nothing in the realm of the chemistry of mineral springs" his writings remained extremely influential over the next three centuries having "replaced tradition with practical experience."¹³

In the sixteenth century individual resorts began producing pamphlets to advertise the spa, describing the town, the surrounding countryside and listing the complaints which would benefit from a cure there. Such works were written "only by spa doctors at first"¹⁴ who began setting up their practices in spas for the two or three months of the season at the end of the sixteenth century - "many of whom were Jews."¹⁵ These works were accompanied by more general books giving advice on preparations for a cure and emphasizing the need for consultation: "This production of literature by doctors shows that they were prepared to make use of [spas] and that, apparently, there was also a demand for such information from the educated lay people."¹⁶

In 1535 Professor Dr. Johan Dryander published his *Vom Eymser Bade* in which he recommended the mineral springs at Ems for "those with much liquid in the lungs...against lameness and paralysis, spasms and numbness, as well as for cholic or too much or too little fluid in the stomach. It dissolves small stones in the kidneys and it restores women who are barren."¹⁷ This was the first such work on the spa waters

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at Ems and "established the reputation of the springs at Ems and spread it in wider circles."¹⁸

The end of the sixteenth and beginning of the seventeenth century was also a period of increased contact between spa doctors and other medical practitioners and professors at universities which "brought about an exchange of experiences and comparisons between therapies."¹⁹

Until the seventeenth century bathing was the most popular form of cure-taking, but by the end of that century the drinking cure had become predominant. The Thirty Years War effected a "far-reaching change in the social structure of the spa public"²⁰ after which "only the peasants employed the bathing cure in the old manner...people of rank had taken up drinking cures."²¹ Those who did bathe "covered the body more and withdrew into small, private rooms. The ideas on morality and decency having changed."²² Baths were taken for shorter periods and treatment was no longer directed at producing an eruption of a bath-rash. Whilst this change was partially effected by moral standards, the devastating series of epidemics of typhus fever, bubonic plague and syphilis during and after the Thirty Years War made communal bathing unwise. The baths were often unhygienic, sometimes dangerously unhealthy, making bathing both inadvisable and undesirable and many cure-takers turned to the less rigorous and eminently more acceptable practice of the drinking cure.

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In Bad Ems, too, this move towards a more gentle cure can be seen in the writings of Dr. Johann Jacob Grambs (*Neue Beschreibung des Embser Baaes*) who in 1732 recommended the waters to those with coughs, palpitations, tight-chests and shortness of breath. His regulations for drinking cure were also milder: "On first day one good pint; up to the third day increase by half a pint daily. Retain this measure until the fifteenth day and from the sixteenth to twenty-second reduce the amount by half a pint daily."²³ And for the bathing cure the rules were as follows:

For the first three days a foot bath only in the evening; on the fourth day, one bath for half an hour, at the peak of drinking, never more than a bath for three-quarters of an hour; mornings at 9.a.m. (two to three hours after drinking); if undertaking a second bath in one day then at 4.p.m. For the last three days a foot bath in the evening.²⁴

Thus resorts such as Bad Pyrmont, famous since the mid-sixteenth century for miracle cures from bathing²⁵, had no baths at all by the eighteenth century²⁶, and was given over exclusively to drinking cures. Visits to spas increased and became ever more fashionable during the eighteenth century in Germany. The "season" was established, from May to September, and the number of publications on the use of mineral springs expanded. Some claimed scientific proof of the effectiveness of the waters whilst others relied on a higher authority:

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God has actually prescribed the mineral springs for internal usage and for drinking and the warm and hot springs for external usage, and this, primarily for bathing and this is what the doctor should also do, he should faithfully follow the way God has ordered nature and this is when he will fulfill his office.^{27>}

A further type of cure treatment emerged at this time which opposed the use of mineral spring waters and advocated cold water cures using simple water: "At the beginning of the eighteenth century the cold water customs which originally probably represented a cult going back to pagan times were recommended and employed...especially for the general treatment of disease. In other words, hydrotherapy was inaugurated."^{28>}

The Hahn family, Siegmund and his two sons Johann Gottfried and Johann Siegmund, promoted the plain water cure throughout the eighteenth century and opposed mineral water spas because, they maintained, the effects of such waters "were not known"^{29>} and "recommended plain cold water as being best suited for bathing and drinking."^{30>} Siegmund Hahn, personal physician to the heir to the Polish throne, prescribed three sorts of cold water cure, which ranged from daily washing with, to total immersion in cold water. His successful treatment of a corporal in the Prussian army during the First Silesian War led to Hahn's therapy being included in the medical practices of the army; and his recovery from typhus following treatment given by his son in 1737 was subsequently

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used by the family as proof of the healing power of cold water therapy. Each member of the family published works promoting hydrotherapeutic cures but "left the indications and dosage to experienced colleagues"³¹ and their use of plain water freed them from the necessity of explaining the chemical contents and their effects.

In contrast, and not surprisingly, doctors in Bad Ems continued to promote treatment using mineral water cures, and in 1781 Dr. Friedrich August Cartheuser explained the effects of Ems springs in detail:

These alkaline waters...calm the unnatural acids in both the stomach and intestines as well as the humours of the body; they dilute and dissolve thick viscous blood and other fluids; they clear away blockages in parts of the body and, if used in time, prevent the production of such blockages and congestion; they act as a diuretic and in this way clear out much uncleanness, this last effect has often and clearly been proven by experience, in that the urine of many persons, who drink the waters in the appropriate amount, is thick and filled with much mucous. Whilst there is only a small portion of alkaline calcareous sediment in the water, this nevertheless helps to break down or calm the acids in the body and the water as such promotes the dilution and dissolving of alkaline salts in that it dilutes the blood and increases the water or serum content thereof; at the same time it dissolves the harsh, salty uncleanness of the blood and lymph and removes it through the urine and other emptying passages. The natural warmth of the water...meant that it more easily and better penetrates the vessels of the body...It clears the pores and promotes perspiration...whereby much uncleanness is cleared from the body; they drive and disperse viscous moistures in the outer part of the body; they make rigid tissues supple and dissolve cramping contractions.³²

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The end of the eighteenth century, "the time when spa treatment became a science...[saw]...the birth of balneology."³³ New discoveries were being made through chemical analysis and advances achieved in the wider medical field. The age of science and systematic inquiry began.

At the beginning of the nineteenth century, medicine was practised by treating observable symptoms and treatment was unavailable to or beyond the financial reach of the poor who used herbal or "quack" remedies.³⁴ "The doctor's main function was the alleviation of symptoms"³⁵ being unable "to deal with the underlying cause of his patients illness for the simple reason that the cause of most diseases was as yet unknown."³⁶ As the century progressed, however, so did medical science - "in line with the development of the other sciences, taking advantage of every discovery made in physics, chemistry or biology."³⁷ Medical knowledge was "revolutionised by the application of the new chemical and biological sciences to the experimental analysis of bodily processes and functions."³⁸

There were three distinct phases in the practice of and attitudes towards spa treatment in the 19th century which reflected developments in medicine. The first few decades characterised by "an unreflective, basically romantic trust in the healing power of springs."³⁹ There followed a period of scepticism, when past experience was jettisoned in favour

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of a scientific approach. An insistence on proof using the methods of natural science was to pose a problem for balneology and brought about "the downfall of [its] theoretical structure."⁴⁰ The third period began around the middle of the century, when attempts were made to give balneology a physiological foundation, whereby the effect of the springs could be "precisely defined, chemically or physically,"⁴¹ and progressed slowly until the end of the century.

In the first two decades of the nineteenth century Professor Johann Evangelist Wetzlar produced *über Gesundbrunnen und Heilbäder* at the universities of Munich and Würzburg. Professor Dr. Emil Osann, "regarded as the founder of scientific balneology,"⁴² taught at the university of Berlin. Osann published his research in 1832 *Physikalisch-medizinische Darstellung der bekannten Heilquellen der vorzüglichsten Länder Europas* and later edited the *Journal der praktischen Heilkunde* and the *Bibliothek der praktischen Heilkunde*. Many doctors reported on research conducted at universities and spa resorts, and Osann was the nephew and son-in-law of the most important and influential writers on spa treatment Dr. Christian Wilhelm Hufeland. Hufeland, personal physician to the king of Prussia, published his findings in the *Praktische übersicht der vorzüglichen Heilquellen Deutschlands nach eigenen Erfahrungen* in 1815, which was hailed as "one of the fundamental books on

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balneology as a science"⁴³ which "enabled science to specialise and to point out the influence of spas and natural springs upon the metabolism or whatever else might be in question along therapeutic lines."⁴⁴

Hufeland's impact was considerable and his research "based on real medical knowledge."⁴⁵ He was particularly interested in the causal link between the weather and ill health and did much to promote *climatherapy* which had begun to develop slowly in the mid-eighteenth century.

The practice in England of visiting the coast for a cure - both for the sea-bathing and for the invigorating climate - began in the first half of the eighteenth century and quickly became very popular.⁴⁶ This development was noted by Georg Christoph Lichtenberg who, following a visit to England in 1793, recommended that Germany too should establish such resorts. Many doctors in Germany thought the coast, particularly the North Sea coast, too harsh. However, with the support of the Grand Duke of Mecklenburg-Schwerin, the first sea-bathing institution was set up at Doberan on the Baltic coast in 1793, quickly followed by one on Norderney off the North Sea coast 1797.⁴⁷ Writing in 1815 Hufeland maintained that a sea spa offered "one of the most effective means of treating scrofula"⁴⁸ and that "precise records of the readings of barometers and thermometers make it possible to see the causal link between weather and sickness and to

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bring this knowledge into therapy."⁴⁹ In the same year that Hufeland's book appeared, Johann Feiler was recommending "healthy sojourns in the countryside"⁵⁰ and from the general medical opinions on the importance of fresh, clean air - particularly in the mountains - the first sanatoria for tuberculosis sufferers was established in the mid-nineteenth century.

Hufeland visited Bad Ems and reported that the springs there "were not fully appreciated"⁵¹ and "quite distinct from other alkaline waters, for some illnesses, very healing, although there are some for which they are not good."⁵²

Advances made in the field of chemistry, which "had its great revolution towards the end of the 18th century when it became a qualitative science"⁵³ encouraged spas throughout Germany to analyse their mineral springs. The identification of minerals contained in natural spring waters led some to conclude that by adding these same minerals to ordinary water a spa could be created and "artificial bathing and drinking spas were established."⁵⁴ Such was the popularity of this new discovery that some established mineral spring spas recommended their artificial waters rather than their natural ones.⁵⁵ Coastal health resorts were manufactured inland in the form of brine spas, the first of which was opened in 1803 at Elmen near Magdeburg. Brine works, previously used to produce salt, were transformed into spas which could "replace

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the sea-spas because qualitatively they both contain the same constituents."⁵⁶ Brine spas not only offered "the goodness of sea-resorts"⁵⁷ but also meant that "the long journey to the ocean could be avoided...the salty air is available in the grading works of the salines, no matter from which direction the wind comes. On the ocean, this is only possible when the wind comes from the sea."⁵⁸ A second brine spa was opened in 1809 at Halle, after which they appeared "rapidly throughout Europe"⁵⁹ and a number of saline works which had "financial difficulties...saved themselves by establishing baths."⁶⁰

The ideas and practices of hydrotherapy, made popular by the Hahn family, were adopted and applied by Vinzenz Priessnitz in the nineteenth century. Priessnitz, who had not studied medicine, successfully treated himself with cold water when young and in 1820 settled in Gräfenberg in Sudetenland, where he began treating wounds, bruises and sprains; "the people there [Gräfenberg] were superstitious, thus it was easy for him to find customers."⁶¹ His reputation as a healer soon spread and he began to treat internal disorders as well as external injuries. In the early days at Gräfenberg treatment consisted of washing patients using sponges and imposing a simple diet. As the number of his clients increased so did "the envy of other medical practioners...[who] denounced him as a quack."⁶² Following an official investigation Priessnitz was forbidden to use his sponges, which had been

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examined for "traces of magic substances" in 1829. None was found but Priessnitz had, nevertheless, in future to use his hands only. In 1829 Priessnitz treated forty-five patients, a figure which reached 2,000 by 1843.⁶² His success led doctors elsewhere to "intrigue in all ways against him"⁶³ and in 1837 he was again subjected to an investigation by a medical commission in Vienna, which found no evidence of malpractice. Priessnitz developed fifty-six varieties of cures, ranging from foot compresses and wet-sheeting to the extremely powerful douches, known as *fire-hoses*. Many doctors numbered among his clients, one hundred and twenty of the seventeen hundred in 1839.⁶⁴ The nobility cured at Gräfenberg, as did the famous; Chopin, for example, was treated there. Priessnitz advocated a life "devoted to the recovery of health, not living partly as patients, partly in search of pleasure"⁶⁵ and a description of a typical day makes it clear that his cures were serious undertakings:

In the early morning, often before 5.a.m., sweating through dry compresses followed by a full cold bath. Then breakfast, spartanly simple with black bread, butter and cold milk. One or two hours after breakfast, a climb up the Gräfenberg, a walk of some thirty minutes. Once up, remove all clothes, whatever the weather, and shower in ice-cold mountain spring water which had been harnessed and streamed from different heights. At midday, a meal together; broth, pudding, fruit and salad. From 3.30.p.m. repeat the morning cure. 7.p.m., supper - as breakfast. Sundays dancing.⁶⁶

The popularity of Priessnitz's cure led to the setting up of similar hydrotherapy centres in the Duchy of Nassau - in

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Wiesbaden, Nassau and Cronthal, "at first to compete with Priessnitz and later as an extension to spa remedies."⁶⁷

In Bad Ems treatment continued to use the traditional methods of bathing in and drinking of the mineral spring waters. During the 19th century many disused springs were "rediscovered"⁶⁸ as demand increased, except that the amount of water consumed and the length of time spent bathing decreased. The resort was described as the ideal centre for chronic laryngitis and complaints of the larynx, bronchial catarrh, haemophysis, emphysema, bronchial asthma, gastrointestinal catarrh, chronic diarrhoea, gallstones, haemorrhoids, arthritis, womens' complaints, paralysis, kidney stones, hysteria, hypochondria, nettle-rash, eczema and eye complaints. Spengler introduced his inhalation room based on the methods of the French specialist on chest complaints Sales-Giron, which was the first in the Duchy of Nassau. It involved breathing in the gases emitted from the mineral waters and "came into contact with the mucous membrane of the throat and larynx."⁶⁹ The gas, a mixture of carbonic acid and nitrogen, was recommended as treatment for "chronic catarrhal inflammation of the pharynx, tonsils, fauces and uvula, and particularly of pharyngeal-laryngitis."⁷⁰ In the first three years of his inhalation practice, Spengler treated two hundred and forty-four patients:

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54 businessmen	12 teachers
43 women	10 doctors
39 landowners	6 factory owners
38 public servants	4 actors
21 priests	2 lawyers
13 officers	1 painter and 1 author. ⁷¹³

His reports on treatment quote many individual cases - all of which resulted in success - such a "Herr N. from B., a public servant, aged 30, who had been suffering, often for months at a time, from angina and chronic catarrh and gonorrhoea for one year...[who] had fully recovered after four weeks treatment,"⁷²³ and "a cavalry officer, aged 21, who had been suffering from hoarseness for more than a year, despite all treatment. ...After drinking, bathing, showering and inhalation daily for one hour...the patient was cured and two years later he is completely healthy."⁷³³

The animosity of doctors in Bad Ems towards Spengler and his inhalation methods have been referred to above (p.217ff): his work and his many publications on spa treatment were, however, widely read and respected in Germany and elsewhere in Europe. He was a harsh critic of "unscientific" methods and painfully aware that "despite the array of literature, the medical science of spa treatment did not belong to the most respectable branches of medicine in the nineteenth century...for decades...[spa doctors] were apparently regarded as second class doctors."⁷⁴³ Spengler, as all spa doctors throughout the history of spa treatment, insisted

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that: "The cure is solely the business of the spa doctor; and as desirable and necessary it is that patients always bring the report of their own doctor with them, it is reprehensible that they arrive with precise drinking and bathing prescriptions...this should be left to the spa doctor."⁷⁵

Spengler's quest for specialisation and a scientific approach reflects the tensions which existed between spa doctors and the rest of the medical profession and amongst themselves. The implicit criticism in the introduction to his *Brunnenärztliche Mitteilungen über die Thermen zu Ems*, "I am not one of those spa doctors who recommend their waters as the panacea for all illnesses"⁷⁶ would not have endeared him to his colleagues, neither would his scathing attack on the unscientific basis of many cures:

It is a real shame the way things have gone up to now: spas come in and out of fashion like coats and women's hats. A spa which a few years ago had a great reputation is now forgotten; new, formerly seldom used spas on the other hand are favoured; others have simply become pleasure resorts. Does this not look as though the whole thing is just a game? Will it really remain so that doctors and large sections of the public merely indulge in the predilections of the moment and fashion and are pushed by one whim in that direction and by another in a different one? The lack of sound opinions on the actual indications for individual springs, and doctors groping about in the dark for the uses of same, the continuous travelling about and self-recommendation of the spa doctors is like the commercial travellers who ply their wares, the continual coquetry of writing ever new works on spas on things covered a hundred times already, simply as testimonials - is truly insupportable, and the disadvantages for the spas no less so! It is to be feared that this humbug will discredit even more our wonderful springs. this great healing treasure."⁷⁷

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Despite Spengler's efforts, the therapeutic success of spa treatment was "for many years traced back to a romantic spirit of springs, which could not be investigated. Unproven speculation, which portrayed itself as a scientific explanation, was treated with scepticism."⁷⁸

The works of August Vetter in the 1830's and 1840's "signified a new period, dependent on physics and chemistry"⁷⁹ and Hermann Ludwig Helffft's *Handbuch der Balneotherapie*, which first appeared in 1861, reached its seventh edition by 1867.⁸⁰

In Bad Ems, Albert Döring junior analysed the complaints treated by his father between 1862 and 1882 and published his findings in *Die Indicationen und Contra-Indicationen für den Kurgebrauch in Bad Ems*.⁸¹ In the twenty years 10,000 patients had been treated and when the third edition was published in 1894 this number had risen to 19,000. Between 1862 and 1882 five main categories of illness were found:

TABLE I

Respiratory complaints	67.3%
Complaints of the stomach, intestines and liver	11.0%
Women's complaints	10.3%
Anomalies of the constitution	6.4%
Rheumatism, arthritis and swollen veins	5.0%

SOURCE: Döring, A., *Indicationen und Contra-Indicationen für den Kurgebrauch in Bad Ems* 3rd ed, (Berlin, 1894), p.24

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The largest category, that of respiratory complaints, continued to increase throughout the century as a later study, conducted between 1892 and 1907 shows:

TABLE II

Respiratory complaints	93.8%
Complaints of the stomach intestines and liver	3.6%
Women's complaints	0.9%
Anomalies of the constitution	0.7%
Rheumatism, arthritis and swollen veins	1.0%

SOURCE: Stemmler, F., *Bad Ems und seine Quellen 400 Jahre unter ärztlicher Beobachtung und Betreuung* (Wiesbaden, 1937), p.119.

Writing in the last quarter of the nineteenth century, Dr. P. Orth devotes one chapter of his book *Ems und seine Heilquellen, deren Wirkungsweise and Anwendung in Krankheiten* ^{e3>} to a chemical analysis of the springs, one to the effects of the water, one to the types of illness treated and finally to methods of treatment. For a drinking cure the amount recommended ranged from 150-400 grammes daily "for the young and more delicate person"^{e4>} to 2,000 grammes daily for "stronger, less sensitive persons and those patients with scrofula, rheumatism and gout."^{e5>} "In all cases it is advisable to begin with small quantities and increase daily according to circumstances."^{e6>} The quantity of water "must always be divided into separate doses, with at least 10 to 15 minutes interval between each glass (of 100 to 200 grammes)."^{e7>} The bathing cure, the temperature of the water, the size of bath and the length of bathing time "must

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be prescribed by the doctor"⁸⁸ but on average the temperature ranged from 24° to 30°R (Réaumur scale) and the time spent in the bath from 10 minutes up to one hour. Patients were advised to avoid acidy or fatty foods which "destroy the chemicals contained in the waters" as well as all "excitement and passions...and dismiss all gloomy thoughts and worries."⁸⁹ A simple diet was recommended and a cure of four to six weeks was "normally long enough for success."⁹⁰ Orth's recommendations were still valid in the 1930's when Dr. Stemmler described them as "the norm."⁹¹

Alongside the bathing and drinking cures, Bad Ems introduced new forms of treatment in line with other spas. Although Spengler's inhalation centre had been closed down in 1866, two inhalatoria were later opened, one in 1885 and one four years later, and a pneumatic room was established in 1862, the first in a German spa. Elsewhere in Germany radium baths, electrotherapy, faradization and galvanization were introduced. Mud baths and packs continued to be used, and hydrotherapy was further popularised by Father Sebastian Kneipp, who prescribed cold water treatment at his establishment in Wörishofen in the second half of the 19th century.

The variety of treatment and opinions of spa doctors and scientists were eventually brought together with the formation of the Balneology Society in 1878 in Berlin.

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Balneology in the strict sense of the word refers to bathing treatment, but already in the 1870's was also used to describe drinking cures and treatment using plant extract and whey. Since then balneology has been further expanded to include all "treatment using agreed natural subterranean products",⁹² whilst hydrotherapy describes Kneipp cures and all other treatment using hot or cold waters which are not mineral waters.

In 1892 a committee of leading scientists working on spas, spa doctors, spa administrators and technicians set up the first German Spa Congress in Leipzig, which gave birth to the General Federation of German Spas (*Allgemeine Deutscher Bäderverband*, ADBV). An annual conference was held to discuss all aspects of cure-taking, ranging from the content and classification of mineral waters to laws in spas, copyright fees for spa concerts and spa hygiene.⁹³

The number of cures continued to rise and whilst no national figures are available, records for Bad Ems (see p.44 & 45) show that the number of cure-guests had more than doubled between 1850 and 1900 and other resorts recorded even greater successes:

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TABLE III

	<u>1852</u>	<u>1902</u>
Baden Baden	38,119	70,908
Bad Nauheim	887	22,917
Bad Reichenhall	700 (1854)	11,800
Bad Salzuflen	-	4,354
Karlsbad	6,930	51,497

SOURCE: Hüfner, G., *Die Sozialkur und ihre statistische Erfassung* (Kassel, 1969), p.2.

The dramatic upsurge in cure-taking in the nineteenth century took place against the background of advances in the field of medicine and the greater availability of and access to that knowledge. In the previous century, "general practice knew little besides the plague and the pox, but by 1860 even the ordinary citizen recognised the medical names of a dozen diseases."⁹⁴ In the 19th century debates concerning the effects and benefits of cures and spa treatment were increasingly dominated by scientific arguments and conducted within a progressively more specialised forum, in particular following the formation of the Balneology Society and the ADBV. And at the beginning of the twentieth century the importance of ideas and opinions on spa treatment was reflected in the founding of the first journal dealing with all aspects of the cure, the *Allgemeine Bäderzeitung*, which appeared in 1904. Three years later the Imperial Ministry of Health produced the first German Spa Book (*Deutsches Bäderbuch*), in which each resort was described together with an analysis of the spring waters; "for the first time the

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state undertook to provide an overview of its natural healing treasures."⁹⁵

The cure in Bad Ems at the beginning of this century was described by Dr. Reuter along with details of the spa and its "hygienic and therapeutic arrangements."⁹⁶ He listed the complaints for which the "Ems cure is efficacious"⁹⁷ under the headings:

- I. Disorders of the Respiratory System
- II. Disorders of the Digestive Organs
- III. Complaints of the Female Genital Organs
- IV. Disorders of The Urinary Organs
- V. Disorders of Metabolism
- VI. Complaints of the Organs of Movement

Reuter points out that "the large majority of our patients - more than three-quarters of the whole number - are those with catarrhal disorders of the respiratory organs"⁹⁸ treated with drinking cures, inhalation, gargling, pneumatic treatment as well as, in certain cases, "baths and a cold rub-down."⁹⁹ Reuter recommended the months of June, July and August for patients suffering from complaints of the respiratory organs or rheumatism and those "persons needing relaxation in consequence of overwork or too many social duties are advised to come during the quiet time at the commencement or end of the season; whilst the more lively months in the height of the season are better for those suffering from depression."¹⁰⁰ Reuter emphasises the need to continue to practice the lessons learned during the cure

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"in order to prolong the good results of a cure, a strict regime must be followed after its completion. During the cure the patient must learn how to treat his health...and in accordance with this he must arrange his life in future and not fall back into his old habits".^{101>}

Debates surrounding the cure in Germany, ideas, opinions, experiences and criticisms, were increasingly concentrated in balneological journals, conferences and handbooks, and works on individual spas declined. One of the last such works on Ems appeared in 1912. Its author, Dr. Eduard Aronsohn, had practised as a spa doctor in Bad Ems since 1889 and wrote regretfully of the "lack of authentic, objective reports on the worthiness and unworthiness of spas and especially of Ems."^{102>} Aronsohn cites numerous successful cures taken in Ems, for example in the treatment of stomach, intestinal and gall bladder complaints where he refers to the case of

a young, graceful baroness, circa 13 years old from Hungary [who] came to Ems with suspected pulmonary apicitis and developed such a formidable appetite here that in five weeks she gained fourteen pounds; her loving mother on the other hand was anxious to lose weight, and indeed she lost fourteen pounds over the same period through a slimming cure.^{103>}

The cure at Bad Ems was also successful, according to Aronsohn, in the treatment of heart and circulatory complaints, catarrh in the kidneys and bladder, urinary troubles, gout and rheumatism and he refers to: "a man from Odessa, around 50 years old, suffering from urinary calculus

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[stones in the bladder] ...afraid of an operation...[who] came for a cure in Ems and in fact four weeks later...the stones were no longer there."¹⁰⁴

As mentioned above, the number of guests suffering from respiratory complaints had increased throughout the 19th century and Aronsohn, referring to the treatment of complaints of the breathing or speech organs, stated that "Ems is the specific spa" for such illnesses and refers to a number of cases including:

A factory owner from a small town in Germany [who] came to me in 1910 with...a high degree of emphysema and coughing... Because the patient refused an operation, the professor sent him to Ems. In 1911 the man returned and explained that after a successful cure he had been able to resume his hard work and had no trouble throughout the winter and had continued to work without having to consult a doctor.¹⁰⁵

He also mentioned

a young man of 20 from Hannover who suffered from asthma and T.B. and on his first visit to Ems was unable to walk from his apartment to the springs, but the following year was so healthy that he was... fit to serve...and it cost much effort to get him exempted from military service. He has stayed in good health, is now married and often visits Ems still.¹⁰⁶

Finally, Aronsohn quotes an example of the success of the Ems cure in the handling of complaints of the female reproductive organs when he met a man who told him that, "he really had

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Ems to thank for his large family - in that...his wife had used the uterus douche."¹⁰⁷

It is significant to note the number of times guests undertook spa treatment rather than undergo an operation. The continued popularity of traditional healing methods in the face of medical advances would appear to indicate scepticism and/or fear of the surgeon's knife. It would seem, however, that other branches of medicine were able to offer successful treatment in many instances and that whilst science came to dominate debates on spa treatment, not all scientific discoveries worked to the advantage of spas, "scientific advances, particularly in surgery, diverted many potential patients away from Ems; the treatment of the tuberculosis bacillus has changed with the setting up of the special sanatoria, and the consumptive, who used to be sent to Ems in great numbers, has now totally disappeared." Moreover, X-rays and bronchoscopes facilitated the diagnosis of diseases "which are best and most quickly removed through surgery." Whilst "rhinologists and laryngotomists heal quickly and painlessly with knife, scissors and galvanocaustics many complaints of the nose, nasal passages, tonsils and vocal chords which several decades ago were regarded as simple catarrhs and sent for a cure to Ems."¹⁰⁸

Thus whilst welcoming advances made in medical science Aronsohn also complained that

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the newly established branch of medical science, rhinology and laryngology, has trained a great number of specialists in this discipline...who, of course, not only perform surgery...but also treat all illnesses of the upper respiratory organs...who either do not want to know anything about treatment using mineral water in spas or who send patients seldom and usually too late to Bms.¹⁰⁹⁾

The 19th century was one of great scientific advances, both in the use of spa treatment and in medical knowledge. It was at the same time marked by the beginnings of criticisms of certain medical procedures and an growing emphasis on the psychic aspect of illness and treatment. The quest for accuracy within the field of balneology, however, continued.

During the First World War work began on the *Handbuch der Balneologie, medizinischen Klimatologie and Balneographie*¹¹⁰⁾ which appeared in six volumes between 1916 and 1926. The work was funded by the Central Institute for Balneology which was founded by the Grand Duke Friedrich Franz of Mecklenburg-Schwerin. The first volume looked at the scientific foundation of balneology and climatology as well as the geology, chemistry and physical aspects of mineral springs, mud, climate and rays. Volume two, the development of physiology of spa treatment; volume three, climatherapy; four, general therapy; five, balneotherapy and six, spa hygiene and balneography. Treatment included bathing in mineral and ordinary water, gas baths, showers, compresses,

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ray treatment, mud baths and compresses, inhalation, emanation, gargling and steam baths.

The annual conference of the Spa Federation resumed in 1920 and monthly journals were produced dealing with the latest balneological practices and general books on spas in Germany appeared regularly. Discussion centred on forms of treatment although immediately after the war began to look increasingly at the economic role of cures and spas: "The economic factor which they [spas] represent...is still not fully appreciated by the authorities and economists"¹¹¹

Against the background of a major economic earthquake in Germany in the early 1920's it is not surprising that attention focused on economic and financial aspects of spas and cures. Resorts were seen as offering opportunities as tourist attractions: "Today...[1926]...the spa deserves special treatment as an industry which is independent of raw materials from abroad, and as such should be given even more attention because it helps - like other export industries - to strengthen our balance of trade by the direct import of foreign money and currency."¹¹² This concern with the economy of cures introduced a fresh impetus to the questioning of the efficacy of treatment and marks a new approach to cure-taking, harnessing scientific and economic methods to quantify the effectiveness of cures. Once cures became part of state welfare policy so the need to justify

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expenditure increased, particularly in times of economic crises. In the 1928 *Deutsche Bäderkalender* the need to establish a scientific basis for balneology and the "dismissal of the "'spirit of the springs'"¹¹³ was described as "compelling" because of "the economic difficulties of our Fatherland".¹¹⁴

Attempts thus began to establish some form of cost-benefit analysis of cures which, as we have seen, was later pursued and emphasized by the social insurance bodies in post-war Germany:

Possibly technology will one day invent a machine which will be able to register the amount of economic energy gained by every visitor who leaves a spa. Without such a machine neither a calculation nor an approximation can be realised. Be that as it may, the number of patients healed or made better can be estimated at an annual figure of more than a third of a million. Even if each one of these persons only gained one single additional day through a cure, this would mean that in one year, 300 times 330,000, i.e. 99 million working hours would be gained. This would mean that spas have thus returned as a gift to the national economy a value of at least 160 million Marks.¹¹⁵

At the same time claims were made about the outstanding quality of balneological knowledge in Germany: "A look at the Spa Year Book shows what a rich treasures of healing springs our German fatherland can call its own. Every type of illness is represented in the indications of the spas. Through their versatility, their exemplary establishments and, furthermore, the particularly careful scientific and

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practical training of spa doctors, German spas are recognised as occupying first place in the world."¹¹⁶ And these claims became even more extravagant during National Socialism: "Since the seizure of power, balneology in Germany has won a particular significance...German knowledge of healing in spas is indisputably at the summit of international research and science."¹¹⁷ A major factor in this pre-eminence was, as Appelmann, writing in 1927, pointed out, "balneology [is] little known nowadays, at least outside Germany."¹¹⁸

Under National Socialism the administration of cures and spas was re-organised immediately in 1933 when Esser, Secretary of State, "implemented a centralising fusion of all spa and health resorts with regard to administration and organisation as well as with regard to the management of health and science."¹¹⁹ In 1936 the Reich's Institute of German Spas was founded which later incorporated the "twenty existing research institutes in Germany...to form a joint study group."¹²⁰

Thereby balneology can not only continue to work ...to understand our healing treasures, but can also serve public health as an applied science by thoroughly studying the indications, by researching the natural remedies for the treatment of illness and by educating a new generation of doctors for spas and health resorts.¹²¹

Visits to spas and the use of natural remedies coincided with National Socialist ideas which encouraged a return to nature, "especially...to get people out of the towns and industrial

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areas into nature, into a union with nature in which their health is looked after and cared for... . Smog and concrete streets and houses have isolated modern man...from the blessings of heaven and earth, from the rays of the sun and the gifts of the earth."¹²²

Under National Socialism reforms were made in medical training whereby, "natural medicine became a compulsory discipline and in which climatology and balneotherapy have a prominent role as the most important part of natural medicine."¹²³ Within the science of balneology emphasis was increasingly given to the overall benefits of a cure rather than to any specific form of treatment:

It is not only the springs which we rationally prescribe for the stomach, intestines, gall bladder and the bath for the heart, rheumatism etc., it is the total milieu of the bathing and drinking cure, of sun, fresh air and wind, the influence of the climate and the surrounding countryside, life at the spa with its calming submersion in nature; it is the closeness to and connection with nature, it is the deep force of splendid nature which is imparted to the cure guests.¹²⁴

The interwar period was a key one in the development of cure-taking and its medical justification in Germany. Cures as a benefit of social insurance introduced new guests at a time when traditional visitors faced economic hardship and, under National Socialism, measures were extended as was research into and the promotion of natural medicine, which favoured spa treatment. At the same time, questioning began as to the

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cost-effectiveness of cures and even went as far as asking if "it is known at all whether a bathing cure is more useful than a stay in a sanatorium or a holiday?"¹²⁵

The concern to vindicate spa treatment and cures, under attack at a time of economic recession, has increasingly occupied those whose livelihood depends on cures. The rise in the number of cures funded by the statutory insurance bodies increasingly involved other agencies and institutions directly or indirectly concerned with the administration and/or funding of social cures, i.e. insurance bodies, clinics and homes, the medical profession, the Federation of German Spas and the government, each with its own specific interests and demands. And as investment in the programme of cures grew and they were incorporated into state health and welfare policy, so they were increasingly subject to public scrutiny. Therefore this final section on spa treatment has to consider not only developments in the science of spa treatment but also studies and reports in the field of social and occupational medicine, in psychology and in general medical practice. We hope to bring out the shifts which have occurred in the understanding of illness and, consequently, in the approach to and value of various forms of treatment.

The most pressing issue of post-war cures was that of effectiveness; the growth in the number of social insurance patients as well as the increasing use of public money to

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finance cures gave rise to questions concerning the wisdom of such expenditure. Moreover, industry, which participated in the social insurance system by contributing 50% of premiums, also took an interest in the effective use of its investment. At a very early stage in the resumption of cures in the Federal Republic of Germany, the principal doctor of one of the largest retail chains, Horten, commenced research into the effectiveness of cures. The findings of this research were published in 1963¹²⁶ and were based on research conducted following up cures taken by Horten workers in 1954. The workers were monitored over the next eight years, and at the end of this period it was found that of the 1,137 studied, 1,068 were still working in 1962. When interviewed, 33% of female workers and 17% of male workers said that the cure had had no effect on them, and 30% of women and 40% of men maintained that they had noticed only a slight improvement. By combining these groups, the study concluded that a total of 66% of female workers and 57% of male workers benefited little or none from their cure. Criticisms were made both of the standard and frequency of medical check-ups during the cure and of the level of supervision of patients, who it was said, spent long hours in bars and cafés, smoked, ate, had sex and drank in excess. Nevertheless, it was pointed out that the modern day cure was completely different from "the old style cure"¹²⁷ which had been a holiday rather than the current cure which was a course of medical treatment.

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It was soon pointed out that in fact the statistics showed that 67% of female and 83% of male workers had expressed some degree of improvement,¹²⁸ and whilst refuting the claim that there was a lack of supervision it was admitted that there were problems in exercising control over all aspects of the patients life. There was total agreement with the view that a cure was a course of "serious medical treatment."¹²⁹

Research published in 1963, which had been conducted at the University of Münster¹³⁰ showed that the structure of illness had changed in recent years, with a growth in non-organic or *functional* illnesses. In view of this change recommendations were made for a new approach in spa treatment, oriented towards psychological and somatic factors, the *social environment* and giving particular emphasis to *non-specific* treatment such as physiotherapy and exercise. The results of this research also showed that people felt better after bathing in hot water and that "reasonable...measures do not produce additional risks to patients who have suffered a heart attack."¹³¹ Whilst many types of illness had indeed been conquered since the turn of the century this research can equally be seen to indicate a further step in the field of the medical care and understanding. And in the case of spa treatment a step which completes a circle begun in previous centuries when, as we have seen, many spa doctors had recognised the importance of the *social environment* and the benefits of *non-specific* forms

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of treatment. In the second half of this century the medical profession, and particularly the practitioners of spa medicine, were emerging from the restrictions imposed by the methods of empirical science and widening their approach to illness and health. The implications for cures in Germany were considerable especially with the growth of, and interest in, preventive medicine.

Early attempts to analyse the effectiveness of cures, which took place against a background of expansion, were soon overtaken as research and questioning gathered pace in the sixties. Criticism became stronger from the mid-sixties onwards, in particular in the wake of Professor Dr. Schretzenmayr, "the most prolific critic of cures,"¹³² whose article published in 1965 "unleashed a wave of criticism of the 'classic' spa cure which found a wide and eager response in the press."¹³³

Schretzenmayr, a practising doctor of internal medicine, raised a number of issues in his article in the *Münchener Medizinische Wochenschrift*. For the first time grave misgivings were voiced concerning the selection procedure of patients and the administration of cures in spas. More importantly still, Schretzenmayr was critical of the policy behind such provisions and conducted his argument within the context of health care in general in post-war Germany. As a medical practitioner Schretzenmayr was concerned by patients

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of his who were being turned away from clinics in the city because no beds were available whilst "the vast majority of cure 'patients'... hypochondriacs, healthy, not-totally-healthy, or not-yet-ill" ¹³⁴ "loll about in social feather beds." ¹³⁵ He was highly critical of the insurance companies' policy of building cure clinics rather than providing care and treatment for those in real need; "if the social insurance [bodies] have money to spare for a clinic then surely it should not be built in *Klein-Kleckersdorf an der Knatter* but rather at the centres of need and for the sick!" ¹³⁶

It was in the context of such criticisms that attempts were made to evaluate cures. However, future research did not address itself to the issues raised by Schretzenmayr regarding alternative measures and priorities for health and welfare policy but rather concentrated on the the efficacy and effectiveness of cures.

Thus, for example, in 1967 the Medical Association of Physiotherapy and the Kneipp Doctors Federation organised a symposium to discuss cures. A large amount of time was devoted to psychological, sociological and socio-medical problems whilst also dealing with methods of evaluation such as longitudinal studies and cost-benefit analyses. Much controversy was generated, which has, however, to a great extent been lost because "some participants...sadly made

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significant corrections to the minutes and a few also retracted their contributions to the debate which had provoked a lively discussion or changed controversial statements in a way that some of the replies seem nonsensical."¹³⁷ Nevertheless, the symposium was seen as "an important step scientifically to find ways of helping patients in spas and spa treatment."¹³⁸ This work was taken up and extended by, for example, Blohmke, Kleinschmidt et al ¹³⁹ and Schaefer of the Institute for Social and Occupational Medicine in Heidelberg. Schaefer, writing at the end of the 1960's,¹⁴⁰ was interested in evaluating the effectiveness of cures, particularly in view of the "discrepancy between the high degree of faith in cures expressed by the general public and the low amount of proof of their scientific value."¹⁴¹ Schaefer pointed out that previous research had employed inadequate methods and poor statistics, but nevertheless maintained that: "No matter what they [statistics] revealed, they would certainly not be able to dispute the fact that people of all generations have considered spas to be a source of healing and have enjoyed visiting them without having proof of scientifically measurable effects."¹⁴²

Schaefer also pointed to the paradox that at the very moment when medicine in general was beginning to accept the existence of psycho-somatic illnesses and the value of cures in their treatment, spa medicine and spa doctors were

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pursuing a highly technical and scientific approach to prove the effectiveness of cures.

This paradox had arisen with the development of balneology as a science. Claims made as to the beneficial effects of mineral water, mud and thermal baths and the medical profession's demands for proof of the effectiveness of these specific forms of spa treatment have concentrated on one, admittedly central, feature of a cure. Thus just as experimentation and clinical research has played a vital role in combating illness and has increased the knowledge and ability of the medical profession to alleviate pain or cure diseases, this part of medical care is still confined to the treatment of observable symptoms, albeit seen under a microscope, in an X-ray etc. Science has indeed discovered the biological 'cause' of many illnesses and has, in general, been successful in developing suitable forms of treatment. However, whilst the contribution of psychology has been recognised by many in the wider field of medicine, the practice of treating illness has been jealously guarded and the two approaches have, in the main, remained separate. In spa medicine, as we have seen, there have always been proponents of a wider approach to the treatment of illness offered by a cure rather than spa treatment per se. This approach recognised the psycho-somatic features of illness and developed a specific form of treatment - the cure - which went beyond the simple application of remedies. It has,

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therefore, been the task of this particular branch of medicine to bridge the gap between the various approaches to the treatment of illness, especially in this century.

In an attempt to clarify the position of spas and cures the German Spa Federation (DBV) produced guidelines in 1969 summarising the basic principles of treatment.¹⁴³ The DBV defied critics who expressed "doubts in a sufficiently scientific basis of spa treatment" and claimed that "the direct effects of balneological and physical treatment had been...thoroughly researched."¹⁴⁴ They further pointed out that cure treatment involved much more than the individual remedies administered at the spa and that indeed there was "no specific effect in the natural remedies of the earth, climate and countryside in the sense of treatment using drugs for specific illnesses."¹⁴⁵ Rather, cures were described as "unspecifically effective general therapies with particular properties...suitable for the treatment of specific illnesses for limited periods of illness."¹⁴⁶ And whilst spa treatment often did affect the skin and mucous membrane these were not "the decisive factor."¹⁴⁷

Spa treatment is not an alternative to clinical medicine; the spa is not simply a chemist's shop, dispensing natural remedies of the earth, climate and countryside, but rather a sensible extension of hospital and general practice through particular methods of treatment in the course of an optimal plan of treatment.¹⁴⁸

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Thus the cure was increasingly analysed not only from the medical but also from the social and economic standpoint and before looking in more detail at such approaches, we will summarise the current situation of spas and the types of treatment administered there.

Spas and health resorts are categorised by their geographical setting and, more importantly, by their geological attributes. The Federation of German Spas classified the 255 resorts in West Germany in 1980 into four groups. The largest category, the mineral water and mud resort, 141, followed by 45 Kneipp spas, 40 climatic resorts and 29 coastal resorts. Table IV shows their distribution in West Germany.

TABLE IV

SPAS IN WEST GERMANY IN 1980

	<u>MINERAL WATER AND MUD</u>	<u>KNEIPP</u>	<u>CLIMATIC</u>	<u>COASTAL</u>
Baden Württemberg	35	8	13	-
Bavaria	28	8	9	-
Hesse	18	7	3	-
Lower Saxony	19	5	9	13
North Rhine Westphalia	26	8	3	-
Rhineland Palatinate	13	7	2	-
Saar	-	-	1	-
Schleswig Holstein	2	2	-	16

SOURCE: Deutscher Bäderverband e.V., (ed) *Jahresbericht 1980*, (Kassel, 1981), p.36.

A cure in West Germany today is specifically bound to a particular resort where treatment involves the use of natural

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remedies. This does not mean that modern day cures are some form of alternative medicine. There is no opposition to the use of drugs, indeed medicines are included in the definition of a cure given by the Federation of German Spas:

A cure is a remedial process characterised by the repeated (iterative) application of preponderantly natural remedies according to a plan prescribed by a doctor and which entails a change of surroundings and environment. Treatment at a spa consists of a general therapy, which is systematically structured and which, besides natural remedies, also use... physical medicine, locomotive therapy, diet, psychotherapy and also treatment with drugs, all tailored to individual needs.¹⁴⁹

Within the four categories of spas, resorts are further classified according to their indications as follows:

Heart and blood disorders	61
Complaints of the breathing organs	45
Asthma	9
Rheumatic diseases	117
Women's complaints	66
Stomach, intestines, liver and gall bladder disorders	32
Metabolic disorders (diabetes and obesity)	29
Urinary complaints	16
Childhood illnesses	27
Skin diseases	16
Diseases of the nervous system	21
Eye complaints	3

(Many resorts offer treatment for two or more types of illness and all are recommended for convalescence and general debility)

SOURCE: Deutscher Bäderverband e.V., (ed) *Deutscher Bäderkalender* (Gütersloh, 1975), pp.163-167

The aim of a cure is to "normalise all functional and co-ordinative operations of the organism with greater stability of the vegetative, endocrine and psycho-nervous functions"

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and a period of three to four weeks or more is recommended, "since success depends on reactive rhythms which need time to adjust."¹⁵⁰

Treatment at spas and health resorts encompasses both specific and more general therapies. The general therapy aims at developing the "ordering forces of the organism" and provides the basis for further medical treatment. These *ordering forces* are developed through:

1. relief from work and the regulated world of the work place;
2. the harmonisation of daily rhythms consisting of changes between periods of concentration, relaxation, nutritional intake and sleep;
3. a healthy diet;
4. additional exercise or rest to compensate for the one-sided demands of everyday life;
5. leisure as a precondition for the innermost order of one's life;
6. the elimination of harmful factors in the climate and
7. the avoidance or restriction of such 'pleasures' as cigarettes, alcohol, coffee, sweets etc.¹⁵¹

Whilst specific therapies include:

1. Balneotherapy in its various forms (bathing and drinking cures);
2. Climatic therapy, including sun and fresh air cures;
3. Supplementary physical therapies of,
 - a) active and passive movement and exercise, various forms of gymnastics and physiotherapy, sports and training;
 - b) Hydro- and thermotherapy,
 - c) Electrotherapy,
 - d) Light and radiology treatment,
 - e) Inhalation therapy,
 - f) Massages.
4. Kneipp, Priessnitz and Felke therapies:
5. Diet.¹⁵²

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The science of balneology has produced a modern analysis of the waters and descriptions of treatment which, in the case of bathing is applied through the temperature of the water, its pressure and its specific mineral content. Regional differences between the 141 mineral and mud spas in both chemical content and temperature necessitate various bathing practices which in turn are prescribed for different illnesses. Treatment ranges from a half-bath for a few minutes three times a week to daily, full-baths for one or two hours; an average being three to six baths per week for between seven and thirty minutes. Large meals and physical exertion before bathing are not recommended and patients are advised to rest for between half-an-hour and two hours after bathing.

The temperature of the water affects the skin and circulation, which in turn affects the internal organs and the nervous system:

The thermal quality can have far-reaching effects through its direct influence on thermo-receptors of the skin, through the release of matter affecting the vessels and nerves in the body's surface and, amongst other things, through changes to the centre of the body's temperature can affect the nervous system, the regulation of endocrine functions and the metabolism.¹⁵³

The temperature of the water is used to increase or decrease the heart rate and circulation; cooler baths used to

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constrict the skin and warm/hot baths to encourage sweating and to change blood pressure.

Hydrostatic pressure both reduces the weight of the immersed body by up to 90% and moves the blood in the lower half of the body towards the heart by compressing the veins in the legs and by pressure on the abdomen. Such treatment is used for varicose veins, some heart complaints and circulatory disorders. Bathing often also involves underwater massage or exercising, where stiff or painful muscles and joints are relieved by the warmth of the water and can be moved more easily, assisted by the buoyancy of the water.

The specific chemical content is said to achieve particular effects, especially those waters containing carbonate, iodine, common salt, sulphur or radon. Such chemicals are stored in the outer layers of the skin for some time after bathing and act as a chemical and osmotic stimulus to the skin's cells and nerves. Many ions are absorbed through the skin (percutaneously), but only in small quantities.

Mud treatment - pelotherapy - either by bathing in or through the application in the form of packs depends not on the chemical content but rather on its temperature. Hot mud is usually volcanic, known as *fango*, and other forms use loam, clay, turf and silt; all are recommended for many illnesses - ranging from liver complaints, where packs are applied to

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the area of pain, rheumatic disorders to "women's complaints". Pelotherapy employs "substances that originate in nature by geological process...[which], in a finely divided state mixed with water, are applied to baths and packs in medical practice."¹⁵⁴ These substances can be peat based, collected from the coast or from lakes or volcanoes and are applied either to specific parts of the body or covering it from neck to toes. Modern pelotherapy uses machines to achieve the right consistency and dispense the mud which, rather unappetisingly, oozes out like brown soft ice-cream. A layer of warm or cold mud is applied which must be at least 5 centimetres thick and left on for between ten and thirty minutes. Once the mud has been showered off the patient has a bath for fifteen minutes after which they must rest for half-and-hour.

Massages, by hand or using very fine water sprays, are often part of a wider programme of exercise in which the patients are encouraged to take an active part in toning up their bodies and building on improvements made during the other forms of treatment. Today's cure-guest "really has to work hard. Active exercises, group exercises, remedial gymnastics, exercises in the pool - no longer does the patient have all the fun."¹⁵⁵ Exercise is taken with or without supervision and has become an increasingly important part of the cure treatment.

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Drinking cures use springs which issue naturally or have been artificially pumped to the surface. All mineral waters are chemically analysed and standards laid down as to what constitutes a mineral spring. Thus all spring waters contain some minerals, the chemical combinations, however, vary considerably. All waters referred to as mineral water must have at least one gramme of mineral content in one kilogramme of water. A drinking cure involves the regular intake of a measured amount of mineral water, according to the time of day and the temperature of the water. Drinking cures in the twentieth century are usually used as part of a wider treatment programme and not always directed at specific illnesses. The drinking cure aims at regulating the functions of the stomach-intestinal canals and the passages in which the digestive glands and mucous cells produce their secretions, but should not be confused or "equated with medicines."¹⁵⁶

Climatherapy, like balneology, concerns the biologically effective factors of natural remedies which are partly physical and partly chemical. Treatment involves many different influences including thermatic-hydrology (warmth, the movement of air and humidity), photochemical ultra-violet rays and the chemical content of the air.

Inhalation - the inhaling of atomised mineral water and vapours can be done actively, using apparatus, or passively

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by sitting in a room where the air is saturated with a fine spray of mineral water. Patients using the machines inhale through their mouths or noses for a period of anything between five and thirty minutes. Treatment taken in inhalation rooms can often be taken wearing normal clothing, although there are very strong sprays which necessitate donning a hood and a floor length plastic macintosh. This form of inhalation has the advantage that patients can chat with their fellow inhalers.

These forms of treatment associated with the cure have also been discussed in relation to the previous century. The re-evaluation of cures which took place in the late 1960's, whereby "Grandpa's cure" was declared "dead"¹⁵⁷ and the arrival of the "new cure" welcomed,¹⁵⁸ took place in an atmosphere in which those associated with cures in West Germany hoped would find "solutions to the many problems which arise in the vast field of spa treatment."¹⁵⁹

The growth in the provision of social cures, especially as part of a state programme of rehabilitation, put treatment in spas at the forefront of preventive medicine thus attracting the attention of a number of interested parties. Charvát,¹⁶⁰ writing in the early 1970's, summarised the "new development and current state of spas" from four perspectives: the medical, social, tourism and economic.¹⁶¹ He emphasized that cures were not an alternative but an

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extension to other forms of medical treatment, no longer based on the administration of specific spa remedies but rather on the programme of prevention and rehabilitation and the treatment of chronic illnesses. "Chronic illnesses, for which cures have always been the classic indication, remain at the centre of spa treatment. They are, however, now treated as part of the rehabilitation programme, designed to aid recovery and the physical, psychic and social adjustment to the physical pressures and demands of their environment."¹⁶²

This new approach did not, however, devalue in any way the importance of the bathing and drinking cure. Rather spa doctors stressed that "apart from spas and health resorts there are today no other...institutions...in which alongside the treatment of chronic illnesses emphasis is given to the complex of organic, psychic and social aspects...in its programme of treatment."¹⁶³

The growth of the social cure not only served a vital function in the treatment of illness, but for many spas in West Germany had also become the "basis for their existence".¹⁶⁴ Because the social cure guest "guaranteed spa institutions and facilities a stable, year-round livelihood"¹⁶⁵ it was vital for local spa economies that social insurance cures be successful. Thus, criticisms of the attitude and behaviour of the social cure-guest - felt

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not always to follow the necessary "cure discipline" as seriously as those guests funding their own cure - led to further extensive studies of the effectiveness of cures. Investigations into the modern cure have, therefore, been extended beyond clinical medical research which "only sees success in the elimination i.e. the healing, of illness"¹⁶⁶⁾ by the school of social medicine. Its concern with health and illness in society and particularly in the work place has led to evaluations of cures as effective means to restore, improve or maintain the ability to earn a living - the basis for the state provision of social insurance cures - providing "an objective orientation" in the quest to establish the success of cures. ¹⁶⁷⁾

A notable contribution was made by Dr. Wannenwetsch, who in 1967 was the head of the health department of the LVA Swabia. He was the first doctor successfully to conduct a cost-benefit analysis of spa treatment. He did so by studying the amount of sick leave taken before and after a cure. The results of his research concluded that both the frequency and duration of periods of illness after a cure were considerably reduced compared with the pre-cure pattern. Using statistics of the health insurance bodies (*AOK* and *Betriebskrankenkassen*) Wannenwetsch identified all those who took a cure in 1963 and 1964. In his initial findings published in 1967¹⁶⁸⁾ he compared registered periods of sick leave for the three years preceding the cure with that

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registered after a cure. When he compared the year immediately before the cure with the year following the cure he found that whereas only 38% had taken no sick leave prior to the cure, in the year after the cure the percentage rose to 69%, expressing what he calls an *improvement quota* of 84%. Comparing the second year before the cure with the second after he demonstrated an *improvement quota* of 78%, and third with third, 77%.

Over the next twenty years Wannenwetsch continued his research, which eventually looked at seven thousand patients for a period of ten years, five prior and five post cure and concluded that the number of days of work lost was reduced by 63.5%.¹⁶⁹ Wannenwetsch's work has frequently been used as evidence of the success of cures and other studies have used similar methods - not surprisingly producing similar results.¹⁷⁰

However, as Delius pointed out in 1973¹⁷¹ these studies had no comparable control group. Therefore, the results were assumptions, not reliable proof. Indeed it was further maintained that there were no results on the effectiveness of preventive cures and that the "state of research...[was]...very unsatisfactory."¹⁷²

Despite such criticisms Delius remained convinced of the logic of cures and, as so many others, saw them not as an

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alternative to other forms of medical treatment: "The prospects for the future of spa medicine do not lie in competition with pharmacotherapy or biomedical techniques, but in the realisation of its own potential and in fulfilling its tasks in the area of recovery and prevention more precisely."¹⁷³ The strength of cures was seen as lying in their ability to bring together various fields of medicine which had in recent years become more and more fragmented and specialised. In the same book on social medicine von Ferber's contribution¹⁷⁴ also looks at aspects of evaluating cures. She considers three different approaches - the purely medical, the economic and the socio-medical.

The purely medical she considered incapable of measuring the preventive effects, since its focus was on healing illness and on objective data, inappropriate to evaluate the success of a cure. Turning to the economic approach, employing a cost-benefit analysis, she looked at the studies conducted by Schneider and Rautenberg¹⁷⁵ and Wannenwetsch quoted above. She concluded that these economic approaches lost sight of the causes of the threat to earning capacity, failed to define what that threat was and had, therefore, no chance to assess the therapeutic benefits of a cure. She pointed out that such analyses do not help to make decisions concerning different types of spa treatment or the "social steering of the cure movement"¹⁷⁶ and proposed the use of a socio-medical approach.

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These various attempts to, and suggestions for, evaluating cures in post-war Germany have gone some way to show a positive role for spas. They have signally failed, however, to respond to criticisms made, in particular by Schretzenmayr, of a social policy which maintains this special form of care to the possible detriment of other health and welfare provisions.

A study conducted by the *Institut für empirische Soziologie*, Nuremberg in 1979 did pose the question of whether other forms of treatment could achieve the same success for less money when setting out to research "the effectiveness and efficiency" of cures.¹⁷⁷ It did not, however, come up with an answer, despite the numerous interviews with "medical and non-medical experts". What did emerge was a high degree of criticism regarding the selection of cure patients, of the programme of treatment at the spa and of the results of previous research into the success of cures.

Nevertheless, spa remedies, as part of a cure programme, continue to provide treatment in a form recognisable to visitors to spas for centuries. Medical knowledge has increased dramatically over the past one hundred years and the fields of surgical and pharmaceutical medicine have produced a wide array of methods of dealing with illness and disease. The traditional remedies associated with spa treatment have survived all these discoveries, evolving in

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line with advances made in medical science. Indeed, anxious to keep pace with wider developments, practitioners involved in spa medicine developed the science of balneology employing chemical analyses and scientific methods to support their claims regarding the effectiveness and efficacy of cures. Throughout this scientific revolution there were spa medicine practitioners who insisted that a cure was more than the application of spa remedies. And as criticisms grew regarding these remedies, particularly since the Second World War, so too did the insistence of those closely connected with cures that this was a programme of treatment which could not be successfully broken down into individual elements.

At the same time the economic significance of cures has increased. As a provision of state health and welfare policy cures have become the basis for the rehabilitation programme which aims to maintain, improve or restore the ability to earn a living. The extension of cures through the statutory insurance schemes has led to a dramatic rise in cure-taking after the Second World War and towns such as Bad Ems now rely on cures for their livelihood. Economic disaster would result in spas should the cure programme ever be abandoned. Thus economic considerations have gradually come to dominate discussions on the efficacy and effectiveness of cures. A survey of medical and non-medical experts revealed that opinions on the therapeutic value of balneological remedies

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were "on the whole negative rather than positive."¹⁷⁸ Comments on bathing and drinking practices included statements such as: "This remedy is useful as a background, but hardly effective" and "They can do no harm."¹⁷⁹ Others pointed out that whilst "objectively no success could be attributed to traditional spa remedies, subjectively many patients were convinced of their positive effects"¹⁸⁰ and we will now consider both patients and doctors, not only in relation to spa treatment but also in the wider context of attitudes to health, illness and health care.

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CHAPTER SIX

The Cure-Guests

So far this study of Bad Ems and cures in Germany has followed a number of related themes; the development of a spa town, the introduction of statutory health and welfare benefits and their extension to the provision of cures, the doctors in Bad Ems and the treatments provided. Thus we have considered cures from the standpoint of medical practitioners, the statutory insurance bodies and the state as well as the administrators of spa towns and institutions, i.e. the providers of cures in German spas. This final chapter aims to complete the picture by turning its attention to those who take cures and to give a more detailed analysis of the *Kurbetrieb* at Bad Ems. Recent research into the role of medicine in society has emphasized the importance of the broadest possible approach. As P. Unschuld pointed out¹³: "Medicine can hardly be understood by describing its practice and its concepts. Rather, it has to be understood within the context of the total cultural scene in which this kind of medicine is recognised and practised."

With this in mind this section on the cure-takers will present a profile of cure-guests and look, with particular reference to Bad Ems, at the way in which they spend their time during their stay at a spa. This chapter will include accounts written by, and interviews with, cure-guests. It is also important to consider here the relationship between the

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cure-takers and the providers, most decisively the medical profession which prescribes a patient's specific routine. The relationship between doctor and patient and attitudes towards health and illness have been at the centre of a number of studies in recent years.² The results and theories of this research will be examined and used to provide a framework for a closer look at the relationship between cure-takers and medical practitioners before a more concentrated study of the cure-guest.

C. Huerkamp's study of the rise of the doctor in 19th century Germany³ also looked at the patient-doctor relationship. She concluded that "in key aspects [this relationship] has undergone a turnabout of 180 degrees; where in the 19th century power lay with the patient, in the 20th century the exact opposite applies."⁴ This imbalance in the doctor-patient relationship has become more pronounced in favour of the doctor during this century. The medical profession has become highly specialised and the authority of practitioners has increased so that "medicine's position today is akin to that of state religions yesterday - it has an officially approved monopoly of the right to define health and illness and to treat illness."⁵ The high prestige assigned to the medical profession as well as specialisation and medical advancements have cemented the authority of the doctor throughout this century.

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As we have seen, visits to spas in the last century became a widespread and deeply ingrained habit in Germany among the well-to-do and in this century, with the advent of the social cure, among the lower classes. Medical approval and recommendation played a vital role in the popularity of cure-taking. How then did doctors relate to their patients? Huerkamp's study of medical practitioners in early nineteenth-century Germany concludes that doctors were almost totally dependent on their wealthy upper class clients. Many physicians were paid a yearly retainer fee to care for and advise a whole family. The relationship between doctor and patient has thus been characterised as one in which "the patient saw the doctor more or less as his servant, who, of course, had to come to him."⁶ The root of the doctors' subordinate position was their dependence on a small but wealthy clientele "according to whose wishes and moods they must comply"⁷ coupled with the poor state of medical science in the 18th and early 19th centuries. Trained medical practitioners were unable to compete with lay healers and even after reforms were undertaken in the training of doctors in the 1820's no real advantages could be claimed over lay practices. This situation did, however, gradually begin to change, particularly with the advances and discoveries made in the field of diagnosis, surgery and the alleviation of pain. Doctors benefited from the introduction of a variety of instruments which facilitated and improved

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examination and diagnostic techniques which were not available to their lay counterparts.

In the 19th century the incidence of many illnesses was reduced and life expectancy raised, though not so much by medical treatment as by better sanitation, diet and living conditions.⁸⁹ Nonetheless the authority of medical practitioners was increasing. The specialisation of qualified surgeons made their medical practices exclusive, a situation which applied equally to the prescription of drugs capable of lowering temperatures, aiding sleep and alleviating pain, which the growing pharmaceutical industry produced, especially from the 1880's onwards. The fact that doctors thus had a much better chance to alleviate pain than lay healers "must not be underestimated and doubtless contributed to the increased...authority [of doctors] and the distance between patient and doctor."⁹⁰

Medical advances and specialisation in the 19th century influenced the attitudes of the public, and the doctors' authority "was increased most by the educated middle-classes, where this development was further supported by the general rise in faith in the sciences".⁹¹ Illich, too, considers the role of the emerging middle-classes, which he sees as developing "a sense of guilt or shame about disease, while the upper bourgeoisie and nobility turned their need for constant health care into an excuse for fashionable 'cures',

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particularly at spas."¹¹ At the same time the new middle-classes were able to pay for medical treatment so that, as Illich puts it: "In an earlier epoch, death carried the hourglass... Now the middle class seized the clock and employed doctors to tell death when to strike."¹²

For the less well off, the working-class and the poor, the gradual move towards qualified doctors and away from traditional lay healers was imposed: as a registered poor person, as a patient in hospital or as a member of a sickness fund, they were "compelled so to do by the establishment."¹³ The introduction of statutory insurance legislation in the 1880's¹⁴ involved many more people in medical life. The insured had to obtain a certificate when ill in order to receive sick pay, they had to make regular visits to doctors and "had to comply with all medical instructions."¹⁵ The relationship between these patients and the medical profession was by and large one of a "mutual lack of understanding...between middle-class doctors and workers" and "deep scepticism and open mistrust by workers of doctors ...who often acted as representatives of the employer's interests to whom he was closer in background, way of life and bourgeois values."¹⁶ Despite this the insured workers increasingly consulted the doctor not only when requiring a certificate but on general matters of illness, "thus accepting them as professional experts."¹⁷

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In many ways the position of the spa doctor, even in the late 18th and early 19th centuries appears to have been rather different. As we have seen in Chapter Four, practitioners of spa medicine in Bad Ems had considerable prestige and social status. Guests undertaking a cure visited the spa physician in his consulting rooms, the "patients" were not confined to bed or institution and the doctors prescribed a course of treatment which was neither arduous nor unpleasant. Indeed the spa doctor recommended participation in the leisure activities offered by a spa. Doctors did, of course, rely on the cure-guests for their income and, as we have seen in the case of spa doctors in Bad Ems, many were very successful and were accorded much respect. The authority and prestige of the doctor was thus to an extent matched by the social status and wealth of their patients. There was no great social distance between them and spa doctors benefited from the fact that spa medicine offered a more relaxed and less frightening alternative to the surgeon's knife.

When war broke out in 1914 almost half the population of Germany were contributing to a sickness insurance scheme and consulting a medical practitioner in the event of illness. At a more general level for medical practitioners in Germany this steady increase in the number of patients, particularly from the middle and working classes, facilitated a "loosening of ties with their exclusive upper-class clientele."¹⁸⁹ Furthermore, the ratio of doctor to patient was changing; in

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the 1860's there was a shortage of medical practitioners, which meant that "the patient had to seek out the doctor and not vice versa."¹⁹ This doubtless "helped to dismantle remnants of the traditional patronage system"²⁰ as well as affecting the doctor-patient relationship in that the earlier dependence of the doctor on his patient gave way to a situation in which the practitioners could "demand surrender to their instructions."²¹

The modern-day patient-doctor relationship has been characterised as one where "the position of patient vis-à-vis doctor is that of layman vis-à-vis expert."²² The cure-patient today is involved in a number of encounters with members of the medical profession, and just as the nineteenth century spa doctor-cure-guest relationship differed in some ways from the pattern found in general in Germany, so modern-day relationships vary from the more usual meeting between patient and doctor. The potential cure-patient is involved in an initial consultation with a general practitioner, specialist or firm's doctor followed by one with a doctor attached to the statutory insurance body before meeting the spa doctor. This initial contact between doctor and prospective cure-patient is unusual in that the patient neither wants that doctor's immediate medical skills to heal or alleviate illness, nor does the patient have a direct financial relationship with the doctor. There is general agreement that in the majority of cases applications for

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cures are initiated by the patient²³⁾ who needs the doctor to endorse the proposal before approaching the sickness funds or pension insurance bodies. Few requests are turned down. Research conducted into the wider field of the doctor-patient relationship²⁴⁾ found situations where medical practitioners "due to their fear of losing status and income, were particularly responsive to their patients' demands."²⁵⁾ In the specific case of applications for a cure, Schretzenmayr has pointed to the risks run by doctors refusing to endorse the request. Not only could this mean failing to make the correct diagnosis, but could also result in "a quarrel with all the patient's friends and relations...all of which would mean a marked decrease in the income to and number of patients of the practice".²⁶⁾ These sentiments were echoed in a radio interview²⁷⁾ with a doctor critical of both the procedure of obtaining a cure and of spa treatment. Dr. Frankenschmidt explained that doctors had only two alternatives, to endorse the application, or to refuse to comply and risk losing the patient to another doctor, and in his experience most doctors complied with the patients' wishes.

This initial meeting between patient seeking a 'cure' and the doctor is, therefore, somewhat different from the more usual consultation process, which in turn is one where "neither the doctor nor patient enters the consultation as 'neutral' or passive beings willing to negotiate on all

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points; instead they enter with certain goals and interests which will dictate the form of the interaction."²⁸ Of special significance in the case of applications for cures "the doctor and patient relate in a politically based, bureaucratic situation" ²⁹ where "the institutions of social insurance form the foundation of the doctor-patient relationship."³⁰ The general practitioner is not consulted for his skills in healing but rather as "a link in the chain of employment and social benefits rights."³¹

Consultation with the insurance companies' doctor in many ways follows the pattern of the initial consultation. In this meeting there is perhaps an even stronger interest in reaching agreement. The insurance companies have a dual economic interest in providing a cure - the possibility of avoiding paying an early pension and using spa facilities in which they have invested a good deal of money. Thus both participants have the same objective, the provision of a cure. At this stage in the path to the spa few applications are turned down. L. von Ferber's research³² found that whilst applications for cures in the late 1960's and early 1970's rose steadily the percentage refused by the *Angestellte* (white-collar) pension insurance body fell from 6.7% in 1967 to 2.4% by 1971 although the number refused by the *Arbeiter* (blue-collar) pension fund over the same period "has risen continually."³³ Figures for refused proposals are difficult to find but in the radio programme referred to

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above a doctor from the *Angestellte* pension fund confirmed that in the 1980's few applications were refused.

Having successfully negotiated their way through these encounters with medical practitioners the cure-patient enters into a new relationship with the doctor at the spa. C. von Ferber's study of cure-patient and spa-doctor³⁴ shows more similarities with general findings on the doctor-patient relationship. He identified a "greater social distance between providers of cures (doctors, nursing staff, spa administrators) and cure takers"³⁵ and pointed to two major problems in the doctor-patient relationship; cultural differences, in that they came from different social classes, and the decreasing contact in today's spa between doctor and patient because of the size of the large organisations of modern cure institutions.

The initial consultation between cure-patient and spa doctor establishes the cure programme. Each cure-patient is given an individually tailored daily routine for such matters as spa treatment and diet which fits in with the pattern of spa life. Throughout Germany cure-patients are following much the same orders given to them by the spa doctors. A cure programme for the Miners' Association Home at Borkum³⁶ is typical of that daily routine:

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- 7.15. Wake up. The morning begins with obligatory gymnastics...a dry-brush massage and water-treading (in summer).
- 8.30. Breakfast.
- 9.15. From this time onwards there are a variety of activities:
Walking on the beach and through the dunes with increasing stages of difficulty.
Sightseeing tours.
Sports and games for relaxation. Swimming.
- 12.30. Lunch.
Until 15.00. complete silence must be maintained for those who wish to sleep (important for those suffering from damaged rhythms).
- 15.00. Afternoon cure activities:
Swimming, sauna, massage, baths.
In the afternoon, it is possible to consult the doctor and discuss problems without the pressure of time.

The above cure programme accounts for around thirty-five hours a week, for the rest of the time the cure-patient "is free to enjoy oneself."³⁷ The daily time-table of treatment and meals, however, imposes a well-defined routine which the spa authorities take into account when planning their entertainment programmes. Indeed, as we saw in Chapter Five, a cure in post-war Germany aims to harmonise the patient's daily rhythms through periods of "concentration, relaxation, nutritional intake and sleep."³⁸ The social activities available at the spa for those periods of relaxation are, therefore, considered to be an important and integral part of a cure by the spa doctors, and the spa has many delights to offer. How then do the cure-guests deal with their programme? And how strictly do they heed the doctor's warning not to "undertake anything which may jeopardize the success of the cure"?³⁹

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In Chapter One the conduct of 19th century cure-guests in Bad Ems was considered in some detail in the light of Dr. Spengler's advice and criticism.⁴⁰ It would appear that many cure-takers, having consulted the spa physician, pursued a way of life of which Spengler disapproved greatly. Guests at the spa enjoyed the many amusements offered by the town's entertainment facilities, often, according to medical opinion, to the detriment of a successful 'cure'. What then of the twentieth century spa patient?

Few accounts of a cure written by a patient exist. Fortunately one of them comes from the pen of a particularly perceptive observer: the famous novelist Herman Hesse, who in 1925 published his *Kurgast*,⁴¹ a record of the cure he undertook at Baden in Switzerland. Hesse later described this as "tolerably candid but...merry and enjoyable piece"⁴² and his experiences will be quoted in some detail since they provide both insight and a framework within which to consider cures in Germany after the Second World War.

Hesse, at forty-six, had travelled to Baden in 1923 looking for relief from his painful condition of gout and sciatica and expressing his desire for peace and disdain for spa life which he described as "the life of the herd." The prospect of three to four weeks in Baden was not a pleasurable one for Hesse. For him undertaking a cure "was simply a matter of enduring it here...bathing daily, walking as much as

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possible, keeping excitement and worry as far away as possible" and gloomily predicted that "it would perhaps on occasions be monotonous". He did, however, gain some encouragement immediately upon his arrival by the sorry state of his fellow cure-guests:

...all were sicker, more wretched, in greater pain, more pitiable than I, and this did me a world of good and remained during the period of my stay in Baden a constantly recurring inexhaustible comfort; that all around me people limped, people crawled, people sighed, people rode in wheelchairs, all of them much sicker than I, with far less reason for good humour and hope than I had! There and then I had discovered, in the very first minute, one of the great secrets and spells of all spas and I savoured my discovery with true delight: companionship on suffering, '*socios habere malorum*'.

Having booked into a hotel and, after considerable argument, settled into his room, Hesse immediately set off to consult the spa doctor. Hesse's esteem for doctors, who he saw as belonging to "the spiritual hierarchy" and to whom he attributed "a high rank" promised a favourable meeting. The doctor, who pronounced Hesse healthy but for signs of sciatica, "had at his command a number of expressions from the secret language of medicine which I could only vaguely decipher, but which aided him substantially in the elegance of his explanations and appreciably strengthened his position in relation to me." Thus, "contented and armed with numerous prescriptions" Hesse began his cure, following a course of treatment according to:

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The list in my notebook [which] gave directions that were to be begun very early next morning and promised all sorts of health-restoring and entertaining things; baths, medicinal potions, diathermy, quartz lamp, therapeutic gymnastics. And so there couldn't be much room left for boredom.

Hesse's first day "reached its climax in a beautiful and cheery evening." Dinner at his hotel "proved a noble, festive meal of delicacies...such as gnocchi with foie gras, Irish stew, strawberry ice." And a happy evening was spent drinking wine with a fellow guest "from a different background, with a different profession, different ambitions and different life style."

Early next day Hesse commenced his treatment: "each day during the cure begins with an important, central morning duty, a task that is easy, yes, agreeable to perform - I mean the bath."

I climb slowly down two little stone steps, reverse the hourglass, and sink up to my chin in the hot, acrid water smelling faintly of sulphur...around me plays the wonderful warmth of the mysterious water which for thousands of years has been flowing up out of the kitchens of the earth and is falling continuously in a thin stream into my bath. According to directions, I should move my limbs as much as possible in the water, performing gymnastic and swimming movements."

This first bath left him "feeling two hundred years old". And since it was still very early, around half-past seven, he

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drank a glass of mineral water and returned to bed until breakfast at 9.a.m.

Hesse's mornings were spent walking in the spa gardens or woods or working until he had "finally used up the forenoon, and the high point of the day arrives, the midday meal." Hesse obviously enjoyed his meals of "the most delicate ham...washed down with Dézaley, the most succulent schnitzels with Bordeaux; between soup and roast, blue trout swim delicately, and the abundant meat courses are followed by marvellous cakes, puddings and creams." The pleasure which Hesse gained from such good food was enhanced by the expectation that cure-guests would be recommended "in addition to the hot baths a simple, Spartan, meatless, alcohol-free, unappetising diet, if possible, even a regime of fasting." Hesse concluded that he and his fellow cure-guests "prefer to become half well and in compensation to have things a bit more comfortable and pleasant" rather than, on top of "baths and massages, the worry and boredom...fasting and mortification as well."

Over lunch cure-guests kept a keen eye on one another, as was "customary at any summer resort...All the more avidly do we keep track of the health of our fellow patients, for in them we see ourselves reflected, and if the old gentleman in Number 6 has a good day and is able to walk by himself from his door to the table, it cheers us all, and all of us shake

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our heads regretfully , if we hear that Frau Flury cannot leave her bed today."

After lunch Hesse would read in the hotel garden, his great favourite being *Dr Katzenbergers Badereise*⁴³³ until it was time once again for treatment, undertaken:

in accordance with the most modern methods. I sit under a quartz lamp, longing to make the utmost use of the solar powers of this magic lantern and to bring the most ailing parts of my body as close as possible to the touchhole. A few times I have burned myself in doing so. Further on, the doctor's indefatigable associate for diathermy fastens little pads, electrical contacts, to my wrists and turns the current on while at the same time she belabours my neck with two similar pads.

Hesse's enthusiasm for his treatment did not at first extend to the social life of the spa. He found the afternoon concerts performed by "a small compamy of musicians playing vigorously...complicated pieces, mostly by unknown composers" both disappointing and annoying. The musicians were competent enough, Hesse simply wished that:

they would play decent music instead of all these clever pieces, extracts and arrangements. And yet I don't really wish this either. I would not be a bit happier if, instead of this entertaining bit from 'Carmen' or 'Die Fledermaus', a Schubert quartet or a duo by Handel were being played. For God's sake, that would be even worse... That two hundred people are bored and do not know how to get through the afternoon is no adequate reason...for good musicians to play arrangements from well-known operas.

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In his own hotel Hesse found that "fashion and elegance play a minor role" although society in general in Baden included "wealthy and elegant people who sit in ...cafés hindered from talking by sticky-sweet music, from thinking, almost from breathing, surrounded by thick clotted luxury, by marble, silver, rugs, mirrors", "drinking tea, coffee, and chocolate with whipped cream accompanied by expensive, delicate pastries." It would appear that *Kaffee und Kuchen* in the afternoon held no attraction for Hesse who could not understand "why free men in possession of all their faculties should allow their enjoyment...to be disturbed by an intrusive, insinuating, over-sweet music, by unspeakably uninviting, narrow and uncomfortable seats in narrow, overfilled rooms crowded with superfluous ornaments and decorations."

Neither did the shops hold any attraction for Hesse, being places where cure-guests "can buy those articles that seem to be indispensable to them, postcards, bronze lions and lizards, ashtrays with portraits of famous men (so that the buyer can, for example, amuse himself daily by crushing out his burning cigar in Richard Wagner's eye) and many other objects... which...show me all too clearly that, despite the best will in the world...I nevertheless live outside the middle-class real world knowing nothing about it."

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After Hesse's first week of the cure his condition deteriorated further, and although he had been told that this was a common reaction he was greatly distressed by the tiredness and pain which afflicted him. Consultation with his doctor failed to comfort him: "The doctor, to be sure, remains firm in his reassurances, but after all, that's his profession." Hesse's distress was such that "the whole cure, all of Baden, has become so horribly repulsive to me". Hesse's pain became so bad that he could "barely bring...[himself]...to take the shortest walk" and spent a great deal of time in bed. Worse still for Hesse was the fact that he began "to surrender...to the superficial and stultifying, the barren and reprehensible side of this indolent spa life." Not only did he over-eat, drink too much and become lazy, he was horrified to find that he "now approached so closely to the average level of the patients that I no longer hate and avoid their diversions but instead search for and take part in some of them." He feared that he would soon "begin to read the lists of guests...and spend a whole afternoon gossiping with Frau Müller about her rheumatism and about all the kinds of infusions that can be used to combat it and send my friends postcards." He now talked with his fellow guests, "expressing completely concordant opinions about the political situation and the stock exchange, about the weather and the spa." Hesse's visits to the cinema did nothing to improve his humour. He deplored his action, which he regarded as an indication of

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his moral and intellectual decline and which prompted him to ask if there was "in the thermal waters some salt, some acid, some chalk, something that evens people out, that produces an inhibition against everything lofty, noble, precious, and removes the inhibitions against what is low and vulgar?"

The casino was more to Hesse's taste. Indeed he enjoyed gambling which he found "strangely different from all the other middle-class and spa entertainments." He found that its "discretion and dignity make the game immeasurably more appealing than other forms of entertainment at which people are so noisy, slovenly and undisciplined." His pleasures at the casino were such that he had almost gambled away his "whole supply of cash" when he became aware that the pain was easing. The slight improvement in his condition restored his sense of humour completely. He no longer felt " simply a guest at the spa, a specialist in being sick and being cured, but rather the sickness and the cure are now of secondary importance." He decided to " abandon the sickness to its own devices, I am not here to pamper it all day long." He stopped visiting the pump room and casino and set about making his stay enjoyable, pursuing his own interests and pleasures.

With hindsight he felt that the weeks of discomfort had, to a certain extent, been self-induced:

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I had made a speciality of my sciatica, I had played the role of the sciatic, the guest at the spa... I had taken Baden, the cure, my surroundings, the pains in my limbs much too seriously.

Hesse was still not well but did feel better. "The doctor is satisfied, but I am not cured... Aside from the actual improvement, I have Baden to thank, too, for the fact that I have now stopped persecuting my sciatica so grimly." Hesse's experience has been deliberately quoted here at some length because it highlights one of the fascinating features a cures in Germany - that whilst treatment failed to heal Hesse's medical condition, he felt better and more able to cope with his illness. As we shall see in the following, fifty years later this aspect of the cure is still relevant in Germany today.

Having looked in detail at an individual case, the following section will present a more general description of cure-takers in post-war Germany and in Bad Ems in particular. We will concentrate here on those cure-guests who are able to participate in the daily life of the spa, thus excluding some forms of cures where, following an operation or as part of a special treatment programme for the chronically ill, patients leave hospital but are often still confined to bed or to the grounds of the clinic and receiving intensive medical care. As already mentioned, there are few accounts of spa life written by cure-guests, particularly since the Second World

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War. For this reason participant observation was employed to complete this research programme. Since this is a case study of Bad Ems the major part of findings were gathered there. Nevertheless, many other spas in Germany were visited over the same period, adding to and extending the experience of spa life.

Whilst the modern clinics on the *Bismarckhöhe* have a wide range of treatment facilities, some of the older clinics and cure homes have only limited services on the premises, the *Albert Kurheim* for example. Thus many cure-guests undertake part of their treatment elsewhere, in the pump-rooms, gargling cabinets or spa remedy centre. The cure homes and clinics in Bad Ems do have provisions for bathing and, just as in Hesse's day, it is normally with a bath that the cure-guests' day begins. This means rising early, because a rest must be taken after bathing - which lasts for between ten and twenty minutes - and breakfast is usually taken at 8.30. At one cure home in Bad Ems those cure-guests on a diet were seated in a part of the dining room where they could not see and, therefore, be tempted or taunted by those consuming a hearty German breakfast. Having eaten, guests consult their cure programme and set out to follow doctors orders - at least for part of the day.

As with the bathing cure, those undertaking a drinking cure also make an early start. In Bad Ems the pump rooms open

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between 7.30.a.m. and 11.30.a.m. and from 4.p.m. until 5.30.p.m. except on Wednesday, Saturday and Sunday afternoons when they are closed. The pump rooms and gargling cabinets are situated on the ground floor of the *Kurhaus* hotel. Other forms of treatment, when not available at the clinic or home, are taken at the municipal spa remedy centre on the left bank of the Lahn opposite the *Kursaal* which can be reached by a footbridge across the river as well as by road. Here cure-guests can participate in all forms of inhalation, take a wide variety of different baths - natural carbonic-acid thermal baths, exercise baths, underwater massage, CO₂-gas baths - receive climatic therapy, have Fango (mud) pack treatment as well as taking exercise in the form of gymnastics and breathing gymnastics. For social insurance cure-guests treatment at the spa remedy centre is free. In addition to these facilities there is a thermal swimming pool which also offers saunas, massages, solarium treatment and water-gymnastics.

This prescribed routine of the cure, where the patient's day is punctuated by treatment sessions, meals and sleep, guarantees daily encounters with the spa doctor or medical staff. Within the confines of clinic or spa remedy centre the relationship between medical personnel and cure-patient can be described by those theories of the doctor-patient relationship where the doctor has both authority and power. The medical personnel not only treat specific complaints but

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also advise and guide the cure-patient towards a more healthy way of life both in the treatment sessions and through a number of lectures and seminars, usually held at the cure home or clinic. However, cure-patients spend many hours unsupervised by medical staff. How do they behave when removed from the physical presence of these figures of authority?

Having inhaled, gargled, swum, emerged from beneath a mud pack, risen from the massage table or got out of the bath, cure-guests in Bad Ems begin to gravitate towards the spa centre with its shops, cafés and gardens. Just as in Hesse's day, those undertaking a drinking cure are entertained whilst they sip the local tepid mineral spring water. Twice daily concerts take place in the pump rooms and, in fine weather, in the small gardens opposite. The band begins each morning concert, from 10.a.m. to 11.30.a.m. with a hymn and continues with five or six pieces of music chosen, it would appear, from much the same musical library used in Hesse's Baden fifty years earlier. Across Germany *Brunnenhallen* fill with the strains of waltzes by Strauss and Lehár, gipsy dances, polkas and favourite melodies. The programme published in Bad Ems' spa magazine for Tuesday 14 July 1981 is typical: after the hymn "Jesus, victory is everlasting" followed

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<i>Schatz-Walzer</i>	<i>Strauss</i>
<i>Mariora</i>	<i>Maraczek</i>
<i>Aus Schuberts Skizzenbuch</i>	<i>Urbach</i>
<i>Budapest bei Nacht</i>	<i>Geza Belti</i>
<i>In mir klingt ein Lied</i>	<i>Chopin</i>
<i>Per Aspera ad Astra</i>	<i>Urbach</i>

The afternoon concert, held between 4.p.m. and 5.30.p.m. offered:

<i>Servus Wien</i>	<i>Dostal</i>
<i>Sternnacht</i>	<i>Micheli</i>
<i>Estudiantina</i>	<i>Weklteufel</i>
<i>Debreczin</i>	<i>Meisel</i>
<i>Kameraden aus See</i>	<i>Küssel</i>
<i>Dein ist mein ganzes Herz</i>	<i>Lehár</i>
<i>Balkanesisches Kaffehaus</i>	<i>Zander</i>

And if still in a musical frame of mind a short evening concert was held in the small concert room in the Kursaal between 8.p.m. and 9.30.p.m. playing:

<i>Honeymoon Marsch</i>	<i>Rosey</i>
<i>Souvenir de Mona Lisa</i>	<i>Scherbeck</i>
<i>Russische Rhapsodie</i>	<i>Borodin</i>
<i>Wiener Praterleben</i>	<i>Translateur</i>
<i>Coppelia</i>	<i>Delibes</i>
<i>Aus dem Kuyawischen Dorf</i>	<i>Ozierzanowski</i>
<i>Serenade</i>	<i>Haydn</i>

The *Kurkonzert*, an essential ingredient of the cure, maintains and promotes a 'bourgeois' culture so prevalent in German spas and so perceptively observed by Hesse in the 1920's. The music, "these clever pieces, extracts and arrangements",⁴⁴ like the mineral spring water, is luke-warm and slides down easily. No Berg, no Beethoven, no Schoenberg, no Stockhausen here. No time nor demand for

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symphonies or concertos. Nothing challenging, either for musician or audience, above all, nothing new. Tunes which are well-known, safe and hummable, played to a middle-aged, audience enjoying their favourite melodies free of charge by one of the one hundred and seventy *Kurorchester* employed to entertain cure-guests.

The pump room concerts are one of the many facilities in Bad Ems provided to entertain guests situated in the old spa centre. The main street, *Römerstrasse*, runs from the *Kurhaus*, the most prestigious hotel in the town, to the town-hall. The *Kurhaus* also houses a fashionable café whose *Tanztees* are extremely popular.

Opposite the *Kurhaus*, on the river's bank, lies the spa concert garden. Enclosed by trees, a colonnade of shops, and the *Kursaal*, whose café overlooks the small concert garden. The *Kursaal* café serves lunches and a wide variety of delicious cakes and also offers a *Tanz Tee* in the afternoon. The *Kursaal* building also houses the reading room, games rooms, the correspondence room, two concert rooms, the theatre and the Marble room and several other rooms for functions. During the day cure-guests come to read newspapers and magazines in an airy, comfortable room overlooking the river, or to write their letters and postcards at one of the elegant desks in the correspondence room. At the other end of the *Kursaal* lies the spa garden

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and the spa park laid out alongside the river. The gardens are formal, neat and colourful with benches under the trees where the weary promenader can pause and watch the world go by watched over by a statue of the Kaiser in civilian clothes - the only such in Germany. Adjoining the garden lies the park which is also relatively small compared with those in other spas, restricted by the narrowness of the valley. It is an informal park, with tree-lined paths and park benches. On entering the park notices erected by the spa administration remind the visitor that they "are now in the cure district. Please give consideration to guests seeking peace and relaxation." Here one can also see some of the more active cure-guests jogging past on some enforced programme of exercise, neatly attired in track-suits and running shoes.

The other side of *Römerstrasse* is lined with cafés, restaurants, ice-cream parlours and shops, catering almost exclusively for cure-guests and visitors. Thus there is no butcher, baker, general store or supermarket at this end of the town. Rather cure-guests are tempted by souvenirs, jewels and trinkets, fashionable hats, expensive wools, books, flowers, and antiques. In Bad Ems Richard Wagner has been replaced by the Kaiser's "historic meeting with Count Benedetti on 13.7.1870", indeed the Ems Telegram incident has been commemorated on cups, plates, glassware and ashtrays and sold alongside numerous reminders of a visit to Bad Ems

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ranging from leather goods to stationery, each item bearing an image of the spa, usually from the previous century.

Cure-guests' every desires are catered for around the spa centre. Their clothes can be laundered or dry-cleaned and their appearance enhanced by the lavish attentions of hairdressers and beauticians. Two dispensing chemists can supply the full range of "Emser" products - pastilles, salts, nose salves, and mineral water, which can also be bought in many other shops in the town. Many businesses in the spa offer reductions for cure-guests upon production of the cure-card. Thus guests are given a "special price" when they take a coach tour, buy clothes, play golf, buy a copy of the "beloved Bad Ems record of two favourite melodies, *Du Perle des Lahntals* and *Du Labsal der Natur*" eat a fresh waffle and drink a cup of coffee, buy a bottle of dessert wine (gooseberry, blackberry or strawberry), take a boat trip, buy a film for their camera, have their hair dyed or permed, purchase a Bad Ems candle or a set of postcards, or a jigsaw puzzle of Bad Ems, or cigarette lighter, have jewellery cleaned or get a tan under a sun-ray lamp. They are further tempted by offers of free glasses of beer, schnaps and strawberry liqueur, cups of coffee, semi-precious stones and copies of poems by a local poet.

In the daytime, and particularly in the afternoon, when in Germany it is time for *Kaffee und Kuchen*, the cafés are full

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of cure-guests getting to know one another, comparing aches and pains, swapping advice and discussing their fellow guests. Particularly popular are cafés which hold *Tanztees*, where a small band entertains a crowded floor of dancers. Cure-guests, away from the watchful eye of the cure-clinic, can choose from the array of cream cakes, pastries and savoury snacks and drink strong sweet coffee, beer and Schnaps (to aid digestion!). There are some one thousand *Kurcafés* in Germany easily recognisable by the "frilly lace curtains, pink carnations and gentle lighting."⁴⁶ "For the *Tanztee* the coffee comes by the potfull and palpitations by the gross. A piece of Sachertorte is already an escapade: perfidy in the face of the often impressively thin spa doctor, who at the initial consultation has recommended a sensible way of life. At least for four weeks."⁴⁶ These instances of illicit eating and drinking are not the only ways in which cure-guests 'deviate' from their cure programme:

... at the spa café it is not really about coffee and cake, but rather intrigue and love. Here grey panthers become speckled pussycats. The women arrive in twos or threes. Arm in arm, in silk or artificial silk blouses, hair carefully coiffeured. The men, trying to be gentlemen, smelling of after-shave, hair freshly parted. ⁴⁷

There is an atmosphere of anticipation. Cure-guests, many for the first time in their lives, are without their partners and the *Tanztee* provides an opportunity to meet and form a relationship with someone of the opposite sex. Someone

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primarily to dance, flirt and go on excursions with, partners known throughout Germany as *Kurschatten* - literally cure shadow - in that the one follows the other everywhere.

In the course of research for this study very few references to *Kurschatten* could be found in any medical or historical account of cures in Germany. This is in stark contrast to the many discussions with friends, acquaintances and cure-guests when invariably the first comment on this study was a reference to *Kurschatten*. The word itself appears to be relatively modern. The only etymological reference found, in a dictionary of colloquial speech, dates *Kurschatten* from 1955 and gives the definition "female cure-guests who attaches herself to (makes friends with) male acquaintances: love-affair of a male married cure-guest."⁴⁸ Otherwise only two references could be found in dictionaries: "(Joke) The female friend of a man, or the male friend of a woman during a cure at a spa"⁴⁹ and: "Colloquial joke: Someone who, during a cure at a spa, enjoys a friendly relationship with a cure-guest of the opposite sex."⁵⁰

The paucity of references to *Kurschatten* in medical literature should not be taken to mean that the profession is ignorant of their existence. In the course of this research one doctor remarked that the success rate of a cure was significantly enhanced by patients' encounters with *Kurschatten*, which he regarded of considerable therapeutic

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value. In the main, however, the medical profession appear to regard *Kurschatten* as a problem. In the 1960's, a time when critical voices began to be raised about cures, the sexual behaviour of cure-guests was described as "excessive" in a survey conducted of Horten Workers.⁵¹ A controversial article which appeared in 1965⁵² setting out a number of criticisms of cures even went as far as suggesting that a member of the family should accompany guests in order to discourage such behaviour. Doctors interviewed as part of a survey on the efficiency and effectiveness of cures⁵³ also felt that the presence of a partner could "deal with the *Kurschattenproblem* which was taken very seriously by some doctors."⁵⁴ None of those interviewed for this survey reported "sexual excesses"⁵⁵ amongst cure-patients, in contrast, as the compliers point out, to the "many reports of sex in the popular press."⁵⁶

One such article, written by a journalist who participated in a cure, reported that "the women had already found themselves *Kurschatten* from the neighbouring clinic."⁵⁷ She was informed by the cure-guests that "the husband who seeks out his darling and his rights at the weekend is called a 'cure-botcher'."⁵⁸ As the dictionary definitions quoted above have already indicated the *Kurschatten* phenomenon is generally treated light-heartedly. Post-cards can be bought which make jokes about *Kurschatten*. For example, a picture of a patient outside the doctor's consulting room remarking:

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"No shadow on my lungs - but saddled with the *Kurschatten!*"⁵⁹ Confirming the *Kurschatten's* place in popular culture advertisements, too, use them. For example, in a brochure recommending the delights of Baden-Baden in which a publishing house ran an advertisement showing a photograph of a well-dressed woman seated next to a fountain with the caption "...if Aunt Wilhelmine wishes to enjoy her cure without a shadow, *Noewig* books will bring some sunshine into her life."⁶⁰

With or without *Kurschatten* the entertainment provides ample opportunities for communal enjoyment. Dancing is not confined to *Tanztees*. In the *Kursaal* at Bad Ems there are twice weekly dances in the evening. One referred to as a 'getting-to-know-one-another' dance. In general, evening entertainment is regarded as an integral part of a cure, without which "no health cure is complete".⁶¹ Although some methods of relaxation are more acceptable than others. Activities laid on by the spa administration in the evening include more concerts and plays or variety shows in the theatre. In Bad Ems there are also, "many festivals, theatrical evenings, concerts, Jacques Offenbach week, festive attractions and dances, interesting lectures and exhibitions"⁶², entry to which is either free or at a reduced price upon production of the cure-card. If nothing on the entertainment programme appeals then, "an evening stroll along the splendidly illuminated river promenade and

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then back through the garden to take dinner at one of the spa's many excellent restaurants will be an unforgettable experience for any visitor."⁶³

Cure-guests do not, however, dance or while away their evenings into the small hours. Moderation is a key concept of a cure and guests are encouraged to rise and retire early. Thus the "colourful mix of dance and enjoyment with favourite melodies"⁶⁴ ends at 10.p.m. and the concert at 9.30.p.m. In spas throughout Germany there is a sudden flurry of activity in bars and restaurants around 9.45.p.m. as guests settle their bills. Cure-guests know the house-rules - doors locked at 10.p.m. For cure-patients staying in the modern cure clinics which overlook the town the pressure is even greater because the last funicular connection leaves at 9.50.p.m. Failure to catch it will involve an embarrassing explanation at the other end of a long and expensive taxi ride. And whilst the consumption of alcohol is not forbidden, arriving back at the clinic in a rosy haze is frowned upon. Those same critics who consider the sexual behaviour of cure-guests to be excessive also mention 'excesses' in the drinking habits of many patients.

Many spas, as in Hesse's day, have a casino. In Bad Ems there has been no gambling for one hundred years. Numerous applications have been put forward to re-open a casino there and very recently plans have been approved so that the

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roulette wheel will soon be spinning once more. Until then guests will continue to enjoy a wide variety of games. Chess is played both outdoors, on enormous boards laid out on the ground in parks and gardens with giant-size pieces, and indoors, alongside games of skat, *Doppelkopf* and bridge. Bowling, boccia and skittles are popular pastimes, which together with sightseeing trips, fashion shows, illustrated talks such as 'A Winter's Hike in the Mountains' and all the other activities already mentioned make up the spa's amusements.

Perhaps the most important function of this impressive programme of entertainment in spas is that it provides an atmosphere in which cure-guests can come together: not simply in *Kurschatten* romances but rather in sympathetic and understanding friendships. The great majority of guests can be seen enjoying the company of a member of their own sex; discussing their families, their fellow guests, their symptoms and their treatment. Such relationships can be equally, if not more, exciting and rewarding for many guests away from their partner for perhaps the first time. Fifty years ago Hesse found solace in the "companionship in suffering" during his cure, today patients at the spa gain confidence and support from their new acquaintances: "Being in the same boat formed an invisible bond which held together...people from different professions, with varying needs and tastes"^{ES} away from the pressures of home and

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work-place: indeed, far away from the modern world. Spas have retained, even cultivated, an atmosphere of tradition and nostalgia, most evident in the social life which surrounds spa treatment. They have been described as "oases" for those wishing to escape modern life.⁶⁶ Spas thus cater for cure-guests seeking refuge from contemporary society by maintaining an ambience of a by-gone era.

The typical cure-guest does not want Zadek plays or Fassbinder films. He wants - and gets - Curd Jurgens... He wants to be - and is - announced upon arrival in the spa magazine; VIP treatment such as only afforded film stars and captains of industry at home in Hamburg, Cologne or Munich. ⁶⁷

The atmosphere at the spa has been described as that of the 1950's in fashion, music and manners⁶⁸. In many aspects spa life in modern Germany is much more than thirty years out of date, preserving the treatment, amusements and values of 19th century bourgeois spa culture. Here patients are cosseted by sympathetic medical personnel, treated as people rather than objects, having time to relax and recuperate from the stresses and strains of life in one of Europe's most modern industrial countries. But does the cure work? In Chapter Two we considered the effectiveness of cures as a provision of social policy and in Chapter Five we looked at the medical profession's evaluation. We have studied how cure-patients spend their time during a cure and the routine of their treatment and leisure activities.

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To conclude this section we will now turn to an evaluation of the success of a stay at a spa from the standpoint of cure-patients. Medical opinion and social policy provisions are doubtless vital to the continuing success of cures in Germany. The views and decisions arising from debates conducted within and between the providers of cures influence, indeed to a great extent, create demand for cures. Without cure-guests there would of course be nothing to debate, so that the cure-takers' opinion is also central to the survival of spas. There are, however, few studies which include the views of cure-patients - in the main regarded as merely 'subjective' - and, by implication, not worthy of consideration. Which is surprising since it has been widely recognised that there is a divergence of opinion regarding the success of cures between, in particular, the medical profession and patients at a spa.

Interviews with doctors and 'experts' involved with the provision of cures as a benefit of statutory welfare policies⁶⁹ showed that many placed little faith in spa remedies. However, they reported that "subjectively... many patients were convinced of their positive effects" and that patients were often disappointed if they did not participate in some form of spa treatment.⁷⁰ How then do patients assess their cure on the few occasions that they are asked?

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As part of a project researching cures at the University of Ulm's department of medical sociology and social psychology an initial study was conducted in 1973 which considered the views of patients towards their treatment and the cure.⁷¹ Using questionnaires, 558 patients at eight different spa clinics owned by the LVA were interviewed. Patients were asked general and specific questions concerning both their state of health and their general well-being.

The survey began by asking cure-patients how they felt on arrival at the spa. 86% replied, "unwell, unsure, tired, nervous or lonely." The remaining 14% described themselves as feeling "happy" or "well." The cure lasted for three weeks, and at the end of that time the same question was asked. The replies showed that a significant number of cure-patients felt a general improvement. The percentage of those who had felt unwell, unsure, tired, nervous or lonely had been halved, whilst the number feeling happy or well had risen to 57%.

During the first week of the cure 69% of patients described their general condition as "poor to bad". By the third week this percentage which had fallen by half. Over the same period the proportion of those who described themselves as feeling "good or excellent" rose from 40% to 70%, with the "excellent" category rising during the first week from 4% to 11%.

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In contrast, when asked to define their physical condition 54% described themselves as "ill" at the beginning of the cure, of which half diagnosed themselves as "chronically ill" whilst the remaining 46% preferred to describe themselves as "convalescents" rather than "ill". The subjective defining of roles by the cure-takers was found to be complex and at times contradictory. Thus in another part of the survey 85% described themselves as "patients" for the period of the cure.

In the third week of the cure patients were asked whether they had noticed any change in their medically defined "illness". Three-quarters felt that their condition had improved, 14% even feeling "much better". Of the remainder, 20% replied that their illness remained "unchanged" and 4% felt that their condition had "got worse". Asked to describe the state of their health after three weeks, 14% of patients used the words "good" or "very good" which, taken together with all 'positive' statements, meant that two-thirds characterised their state of health after three weeks as "satisfactory". On the other hand 23% still felt their condition to be "poor" or "unsatisfactory". Thus the study concluded, it was not possible to speak of a "recovery of health" but rather only of an "improvement" in the state of health.

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The survey found no significant differences attributable to sex or age, although female patients (representing about 25% of interviewees) described themselves more frequently as "convalescing" rather than "ill" or "chronically ill", with the reverse being true of male patients. The older the patient the more "unwell" they felt at the beginning and end of the cure and, equally, the more they described their state of health as "poor" or "unsatisfactory".

The survey thus revealed that at the end of three weeks the patients' view of their general condition was significantly more positive than their opinion of their health. Thus patients were clearly distinguishing between the general convalescent and restorative effects of a cure and the purely medical effects. The patient "enjoyed the cure and was, therefore, also satisfied with it; however, despite a general improvement he still did not feel healthy - correspondingly, the medical success of the cure was described as unsatisfactory rather than very good." The study concludes that patients judge their cure using other criteria than simply that of health and illness. Subjectively patients registered an improvement in their general condition from "unsatisfactory/bad" to good/very good", with the majority feeling better at the end of the three-week cure. At the same time two-thirds defined their state of health as "satisfactory" so that general satisfaction with the cure

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"was strikingly more positive than the estimation of its medical success."

Fifty years earlier Hesse described much the same feelings about his cure. He noted an improvement in his physical condition, but concluded that a change in his attitude towards his sciatica had been significantly more important and brought with it a greater satisfaction than any alleviation of pain. Modern-day cure-guests also find comfort and consolation in the predicament of their fellows at the spa.

We have now analysed all the various aspects of Bad Ems and cure history in Germany and it is time for a summary of our research and a look at the implications of our findings with particular reference to the questions raised in the Introduction.

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There are two levels at which the task of providing a conclusion can be approached. On the one hand, there are the findings which emerge from this thesis in the narrow sense and which relate to the main chapters. However, there is another level at which the implications of this research ought to be considered. This, as mentioned in the Introduction, is the level of Germany's development as a welfare state society with a number of specific cultural features which may be reflected in its spa culture.

In Chapter One we traced the increasing popularity of the springs at Ems from the sixteenth century onwards and the emergence over the next three hundred years of Bad Ems as a resort of world-wide renown attracting wealthy and influential guests from all over Europe. The increase in the number of guests, particularly in the 19th century, prompted expansion in the town especially with regard to hotels, guest houses and the spa's leisure facilities. The steady rise in the number of guests between 1830 and 1870, from two thousand to ten thousand annually, saw the completion of the new *Kursaal* in 1830's and many hotels and private villas were constructed in the valley along the banks of the River Lahn. The increase in the number of visitors and in employment opportunities in the area supported a steady growth in the

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population of the town, which rose from 912 in 1818 to almost five and a half thousand by 1871.

The annual visits of Kaiser from 1867 until his death some twenty years later enhanced the reputation of the spa tremendously. It became highly fashionable to be seen promenading in the gardens or pump rooms, listening to a concert, sitting in one of the town's cafés, attending the theatre or weekly ball in the Marble Hall or, for the more active cure-guest, hunting, shooting or fishing in the surrounding countryside. The list of guests, published weekly, was the focus of interest for the company assembled at Bad Ems, for whom it was important to see and be seen. The entertainment programme was designed to amuse and delight a cosmopolitan elite and established Bad Ems as a cultural centre which became an essential part of the social calendar. This milieu, which has been analysed, therefore tells us something about these elite groups, its preoccupations and, not least, given the exclusiveness of the spa world, stratification in pre-1914 Germany.

The presence of so many visitors to the town also affected the economic structure of the town. We have seen how in the 19th century profits from cure-taking went mainly into improvements to the spa centre rather than the town as a whole. There was, however, another base to the local economy at this time - the local mines and smelting works.

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In the main the two were both complementary and separate. We have also seen how antagonisms within the community arose when it seemed that mining activity in the area was having an adverse affect on the local mineral springs. This conflict flared up repeatedly and remained basically unresolved until the Second World War, when decisions were taken not to repair or reopen the mines and concentrate instead on the spa and attracting more cure-guests.

We have also discussed the cure-guests in the previous century, who clearly did not visit spas for social reasons alone. They were also seeking to improve their health. In Bad Ems the growing number of wealthy guests who came to take the waters there encouraged spa doctors to set up their practices in the town who in turn promoted the resort's reputation. It was at this point that we came across the role of the doctors and the medical aspects of Bad Ems's history for the first time, to be raised again more fully in Chapters Four and Five.

In the 19th century the less well-off rarely sampled the treatment which spas offered although there was some provision for the poor in Bad Ems at the *Armenbad*. Up until the First World War cures remained the preserve of the wealthy. The railway brought increasing numbers of day visitors of humbler origins to sample the delights of Bad Ems. Nevertheless the town retained its reputation as one of

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Europe's most elegant and fashionable centres for relaxation and recuperation. As we saw in Chapter One, however, after the Great War Bad Ems and other spas in Germany experienced their first crisis. Wider social and economic changes, not only in Germany, but in Europe as a whole, affected that section of the population with whom cure-taking had been so popular. Postwar inflation and economic depression in Germany caused a fall in the number of guests, because the middle-classes were being hit particularly hard by these developments. Hyperinflation in 1923 finally wiped out the savings of many hitherto well-to-do families. In consequence spa town authorities, worried by the decline in number of guests, began to consider the possibility of accepting guests funded by statutory insurance provisions more favourably. The provision of cures for convalescing and wounded soldiers, particularly during the First World War, and for the poor in *Armenbäder* to a certain extent paved the way for this new type of social cure guest. In Bad Ems the first insurance funded cure-guests arrived in 1923 and, from this small beginning, henceforward they played a vital role in the spa economy in the interwar period. We then examined how under National Socialism cures as a benefit of statutory insurance were neither adversely affected nor especially promoted. For propaganda purposes, great advances were claimed by the Nazis both in respect of the extension of cures to a wider section of the population and in advances made in the science of balneology. The remedies used in spa treatment were

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admirably suited to the more general emphasis on natural medicine, and the creation of a healthy Aryan *Volk* was a vital ingredient of National Socialist ideology. Spas in Germany do not seem to have suffered under National Socialism; indeed the continuity of cure-taking during the interwar period could only serve to sustain the tradition.

But as we also noted in Chapter Two, the social insurance cure-guest was not universally welcomed. In fact many towns-people regarded such a change as courting disaster. Here we looked in detail at the introduction of cures as benefit of social insurance. We followed the implementation and extension of health and welfare benefits in Germany and the determined campaign conducted by the statutory insurance bodies which at first achieved concessions in prices for bathing, drinking or cure tax from spa authorities. Resistance to cures for the lower classes was to a certain extent circumvented by the insurance companies which started to build their own homes and clinics at the beginning of this century. A shift towards a more positive attitude to social insurance cure-guests was noticeable when the economic situation made moves towards 'democratisation' a necessity, if spas were to survive in the twentieth century. After the Second World War the insurance bodies and spa authorities immediately began to press for cures, and despite reports of a lack of understanding by the occupying forces there was quickly a dramatic increase in the number of cures,

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particularly of social cures. The twenty years after the war were ones of expansion in both the wider economy and in the provision of cures. Indeed cures became so firmly established that even later, when recessions hit the German economy, cure-taking consistently recovered from any consequent decline in numbers at spas.

In Chapter Two we maintained that the 1957 Insurance Acts have been hailed as the beginning of cures for everyone in Germany. But we also established that there is a longer history to the social cure in Germany as we traced its development in the interwar period. The 1957 Acts transformed current practices into legislation, in particular as part of pension insurance provisions to maintain, improve or restore ability to earn a living. After the 1957 Act and government's promotion of the programme of *Kur geht vor Rente*, public awareness of the availability of cures and scrutiny of these measures increased.

In Chapter Three we returned to our case study of Bad Ems and picked up the fortunes of cure-takers in Germany who, even during the Second World War, continued to take cures, with increasing numbers of wounded and convalescing soldiers benefiting from a period of treatment and recuperation at a spa. The end of the Second World War brought chaos and hardship to the population of Germany. Nevertheless, in Bad Ems and elsewhere in Germany, the resumption of cures was

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remarkably swift. We looked in detail at the impact of the rise of social cures on Bad Ems and at how, since the Second World War, it has become a 'social' spa. For the immediate post-war years we traced planning decisions, both at a regional and local level, which established a commitment to restoring the spa. The town lost its mining industry and the economy came to depend exclusively on cure-guests and, more importantly for this study, on social insurance cure-guests. We have followed the reorganisation and modernisation of facilities and the construction of very large new cure-clinics in Bad Ems. We have also seen how, despite these changes, the basic cure has retained many features of the traditional cure of the nineteenth century with the same treatment and social life of this by-gone era. This raised one of the most interesting, but also most intangible questions of this thesis: the arrival of guests from other classes does not seem to have produced a completely new culture. Far from it: the ambience remains that of German 'bourgeois culture' of the 19th century, with its music, leisure activities and social rituals. It may not be acted out as self-confidently anymore as in the past, but it is nevertheless in evidence, at least outwardly.

Restrictions on industry after the Second World War has meant that employment in Bad Ems is overwhelmingly connected with the cure or with one of the many administrative offices in the town. Thus the fortunes of the town depend largely on

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the continued success of cure-taking. In Chapter Four we considered in greater detail one group in Bad Ems which has played an important part in establishing and retaining the town's reputation as a spa, i.e. the doctors. We have dealt with the relationship between doctors in Bad Ems, the local community and the cure-guests visiting the spa. We saw how in the last century the role of spa practitioners was vital to the success of the spa. At times there were conflicts between medical practitioners in Bad Ems, as was the case with Spengler's inhalation apparatus, there were also clashes between the medical practitioners and the local community, dissatisfied with the medical care, or lack of it, provided by some of the town's doctors. We found that in this century spa doctors in Bad Ems have become increasingly anonymous, hidden inside the modern clinics and homes. Nonetheless, they have, in alliance with the powerful insurance bodies, continued to exert their influence on decisions affecting the whole town.

Continuing with the theme of medicine, Chapter Five considered the treatment recommended by spa practitioners. We looked at the state of medical knowledge at the beginning of the last century and how advances were made during the following one hundred years about the the nature of illness or disease. In the 19th century we considered the growing emphasis on the use of scientific methods in the field of treatment and investigation. We saw how discoveries made in

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the wider field of medicine and chemistry were quickly absorbed into spa treatment, whilst cures still relied essentially on the use of the natural resources of water and air. Subsequently we looked at growing criticisms of spa medicine and the practice of granting cures as a benefit of statutory health and welfare provisions. We considered the debates and arguments surrounding the modern cure and the growing concern with the efficiency and effectiveness of cures. These debates also had to consider the views of the cure-taking public. In the final chapter we examined both the doctor-patient relationship and the attitudes and experiences of the modern cure-guest.

All in all, the main chapters of this thesis tried to bring together, under specific themes, but within a broad chronological framework, information on Bad Ems as a town in its wider national-historical context. So what are, finally, the broader implications of this study?

The approach adopted for our case study of Bad Ems draws at one level on developments in the field of historical research which concentrates on the analysis of the grass-roots of society. This work has proliferated in the past fifteen years or so and there are now many studies covering various aspects of German history from a local perspective. However, this approach has encountered some criticism, which has become more insistent in recent years. Whilst valuable

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insights can be gained from a 'history from below', there has been a risk that the findings of such research become too microscopic. The larger picture is lost sight of. Certainly in order to understand many of the developments in Bad Ems we had to consider the impact and influence of national events and policies in Germany. It seemed indispensable to have some 'history from above' as well, just as it was felt that to consider the history of cures and spas at a national or even international level would restrict any analysis to very broad generalisations. Hence we attempted a combination of the two approaches, providing the background to wider developments in Germany and a more detailed analysis of their impact on one locality. This may now allow us to draw out, however tentatively, some larger factors, which might also form the basis for future research on the problem of spa culture.

One of the key aspects of this study has been the field of national welfare politics since the introduction of statutory insurance provisions in the late 19th century. The subsequent 'democratisation' of health care, with the expansion of state welfare benefits, has been clearly reflected in the 'democratisation' of cures in Germany; this was a process which began before the First World War, was enhanced by the welfare policies of the Weimar Republic and maintained, though not expanded further, throughout the period of National Socialism. The continuity of statutory

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health and welfare benefits in the interwar period, a time when cures had been recognised and incorporated into state policy, provided the crucial link between the age of spas as the preserve of a wealthy elite and the post-war development of the modern social cure. The changes which occurred within German, and even European, society after the First World War might well have precipitated the demise of spas as centres for recuperation and relaxation had not the provision existed to grant free cures to those of a humbler status.

With this in mind it seems ironic that this thesis has been written up in Leamington Spa, now the only centre in this country where spa treatment is available on the National Health Service. Like Bad Ems, in the last century Leamington was a very popular and fashionable spa. But today, whilst the legacy of those elegant times remain in the architecture, gardens and pump rooms, the waters here no longer attract much attention, even in Leamington itself. Doctors are general practitioners not balneologists or hydrotherapists. Town-planners and civic leaders have turned it into a major shopping-centre for the county of Warwickshire. Car component manufacturers like Automative Products built and extended their factories and promoted the influx of blue-collar workers with their families.

In Bad Ems and the other two hundred and fifty spas in Germany the picture is very different. Not only have the

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buildings and amenities survived but the waters still play an important part in the lives of both of the citizens of Bad Ems and of the Germans in general. In other words, we are now moving into an even wider field, not of class differences, but of cultural differences between countries.

In his social history of holidays in this country, Pimlott commented that the decline of spas was caused by their refusal to abandon or moderate "their pretensions as centres of pleasure and [to concentrate] on their development as health resorts."¹³ Indeed, throughout the 19th century spas in this country lost the patronage of royalty and the nobility who went instead to the newly established sea-side resorts. The opinion of physicians, who recommended sea-bathing and the sea-air for those complaints formerly treated at inland spas, played a vital role in this move to the coast. Sea-side resorts did not, however, abandon the element of amusement. On the contrary, the social life at sea-side resorts was established on much the same lines as that of the fashionable spas of Bath and Tunbridge Wells. The visits of royalty enhanced the reputation of resorts such as Brighton where orchestras played, visitors promenaded, attended lectures and balls. It became increasingly difficult for spas in this country to compete with these new resorts and with the highly fashionable spas on the Continent. As travel became easier with the expansion of the railway in this country, visits to the coast increased. The

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emerging industrial bourgeoisie imitated the habits and fashions of the upper classes and followed them to the sea-side in England. In Germany they went to spas, where they adopted the ritual social life which had been established there.

The development of sea-side resorts in this country marks both the end of the age of the spa in England and a fundamental split in attitudes to 'health resorts' between England and Germany.

England's ample coastline offered almost unlimited opportunities for growth. The sea-side was within comparatively easy reach of the country's population and access was further facilitated by the expansion of the railway. Spas on the other hand relied on the presence of mineral springs and were often at some distance from the major cities. At the beginning of this century sea-side resorts benefited from substantial private investment in shops, hotels and guest houses as well as leisure facilities such as piers, gardens and band-stands. As Pimlott puts it, "a great industry had developed" ²⁰

Just as we have seen in this study of spas in Germany, the introduction of statutory welfare legislation affected the future of sea-side resorts in this country too. Here however it was to be legislation granting holidays with pay which

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proved to be the 'democratising' factor. Finally introduced in 1938, the Holidays with Pay Act is regarded as a watershed in the history of holidays, described in a report by Nuffield College in 1944 as "the last step in the spread of holidays through all classes."³⁰ By contrast, in Germany there were enough spas to be within easy access of the population and could, therefore, easily have been developed into holiday resorts in much the same way as sea-side resorts in England. But spas in Germany never did abandon their *raison d'être* as health resorts, even though Germany also saw an expansion of statutory holiday pay.

It was state funding which both enabled spas to retain their reputation as health centres and gave recognition to their value by incorporating spa treatment into health and welfare provisions. Spas in Germany did not, therefore, develop as holiday resorts. And although, as we have seen, there is still some stratification within the cure system in Germany, the fact that in principle social insurance cures are available to most Germans seems to point to a greater degree of egalitarianism as far as health provision in Germany is concerned, both in historical perspective and in comparison with Britain. In consequence the cure-taking public in Germany has undergone a gradual change, from the wealthy elites of the previous century to manual workers from the Ruhr valley in the twentieth century.

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In order to describe this change and process in this study I have used the term 'democratisation' of the West German cure. What I mean by this is that state welfare provisions have been extended to include the availability of social cures. I do not mean that spas have become completely egalitarian; there are still clear hierarchies. The clinics constructed or financed by the social insurance bodies have provided separate accommodation for white-collar and blue-collar workers and we have also seen that many cures are still financed privately. Social insurance cure guests do not exercise complete free choice as to where or when they undertake their cure. But in much the same way that paid holidays can be said to have given the opportunity to the whole population to take a holiday, so statutory provisions gave the opportunity to take a cure to all members of the insurance schemes. The 'democratisation' of cures in Germany was effected through legislative changes within the field of social policy, whereby the rights and benefits enjoyed by the middle-classes were extended to the whole population, and it is in this sense that the term 'democratisation' has been used throughout this study, also emphasizing that this has been a gradual process. Financial help and legal rights do not, however, produce democracy in the strict sense and in German spas there are still class differences. But they are less sharp than in England, thus raising the question of whether stratification is less marked in Germany than it is here.

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My own professional experience may serve as an illustration of what I am getting at. My many years with Butlin's have given me first hand experience of just how marked the difference between Britain and Germany may be. Unlike spas in Germany where, as we have seen, an atmosphere of 'bourgeois' culture prevails, Butlin's has retained a programme of entertainment which clearly reflects and caters for popular working-class culture. It seems as if the British simply take their cultural milieu with them.

There is also a financial aspect to this which highlights the role of the insurance system. In this country a holiday away from home is still a luxury for a great part of the population. A Survey conducted in 1976 by the British Travel Association showed that 40% of all adults in the United Kingdom took no holiday (classified as a stay of more than four nights) and 20% of those who did take a holiday stayed with friends or relatives. Holidays in this country are then still beyond the reach of many people. A social cure in Germany can provide for precisely that section of the population who need, but cannot afford a holiday. And whilst suggestions that cures are holidays on prescription have been consistently and hotly denied, one can easily imagine that those who have no holiday would become ill without the benefit of a period of relaxation and recuperation.

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The success of cures in Germany would therefore also appear to represent a different attitude towards health and illness, and in particular towards preventive health care and here, it seems, we are touching upon a final area of differentiation between Britain and Germany. There are two aspects to this: the views of the medical profession and public perceptions at large irrespective of their divisions into social groups.

Illich has remarked that "each culture has its poisons, its remedies, its placebos, and its ritual settings for their administration." ⁴³ If this is correct, spa treatment certainly never became part of this country's medical culture. Medical opinion in this country places little value on the power of mineral water, even if the British Encyclopaedia of Medical Practice cannot quite bring itself to condemn such practices. Indeed it resorts to ambiguity: "The fact that these waters [mineral spring waters] are of doubtful value does not, however, detract from the very material benefit which suitable patients will derive from a period of spa treatment." ⁴⁴ But there is yet another level to be considered. The authors of a study of Vichy in France conclude that the divergence of medical opinion between this country and Continental Europe could lie in the fact that doctors' views on the subject of spa treatment "reflect the tradition of treatment prevailing in their particular country as much as the objective truth about the matter. And these

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traditions may arise from historical or social circumstances which have little or no connection with medicine as such." 60

What this statement raises, therefore, is the question of public attitudes towards medicine, and towards preventive medicine in particular, of which cures in Germany may be seen as being a part. These attitudes differ greatly in Germany and England, indeed one can say in England and the rest of Continental Europe as indicated by the above quotation. Little or no interest is shown in this country, whilst in Germany it is of considerable importance so much so that it is given priority within the health system.

Is cure-taking then a cultural characteristic? A good deal of evidence would seem to point in this direction. Cures in Germany may be seen as the expression of a different cultural consciousness of health, concretely manifested in German welfare provisions.

No less significantly for our argument: cure-taking is not confined to Germany. As Thomson observed:

"While the powers that be wipe the map of Britain clean of spas, continental spas are booming. Outside Scandinavia and The Netherlands there is not a European country on either side of the Iron Curtain that has not its spas, and in every case they have the enthusiastic backing of the medical profession." 70

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Thus it is that, whilst I began my research because I was fascinated by the apparently strange behaviour of Germans who spent weeks drinking mineral waters or bathing in thermal springs, I find at the end of my study that England is in fact the peculiar case. Here no-one uses the mineral springs as part of a cure. It would appear then that this country's medical culture and consciousness is the exception if compared with that of Continental Europe where the tradition of cure-taking still flourishes. But while these remarks are designed to stimulate discussion of a difficult area of comparative history, the main hope behind this thesis is that it will lead to studies of other spa towns in Germany as a result of which it may be possible to gain a more complete picture of the West German system of cure-taking and its traditions than is currently available.

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Footnotes

- 1) quoted in Pimlott, J.A.R., *The Englishman's Holiday* (Hassocks, 1977), p.103.
- 2) *ibid.*, p.179.
- 3) Nuffield College, *Holiday Making and Holiday Trends* (Oxford, 1944).
- 4) Illich, I., *Limits to Medicine* (London, 1976), p.70.
- 5) Ball, R. (ed.), *Quiet Days in Vichy* (Coventry, 1977) p.7.
- 6) *ibid.*
- 7) Thomson, W.A.R. *Spas That Heal* (London, 1978), p.160.

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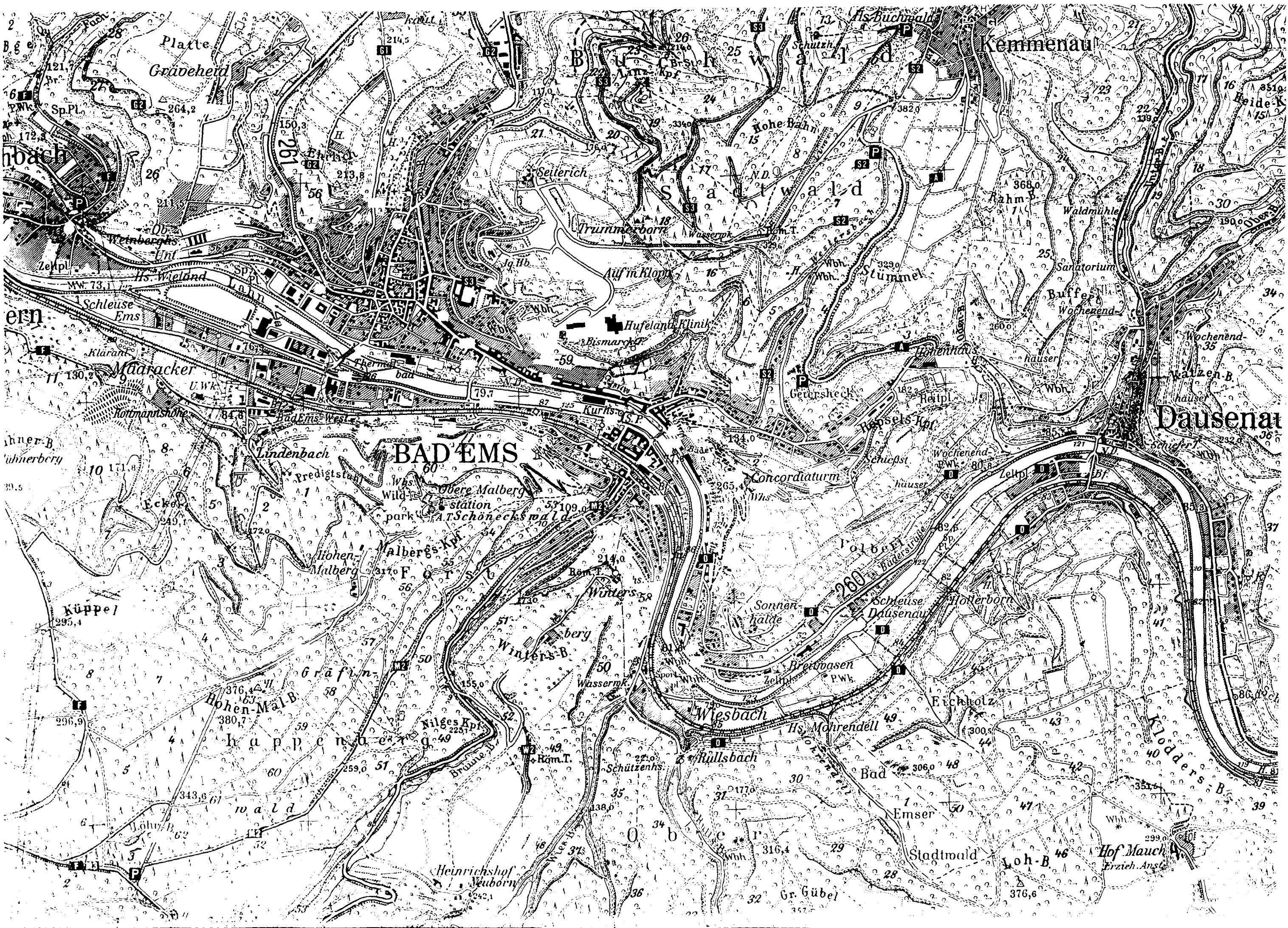
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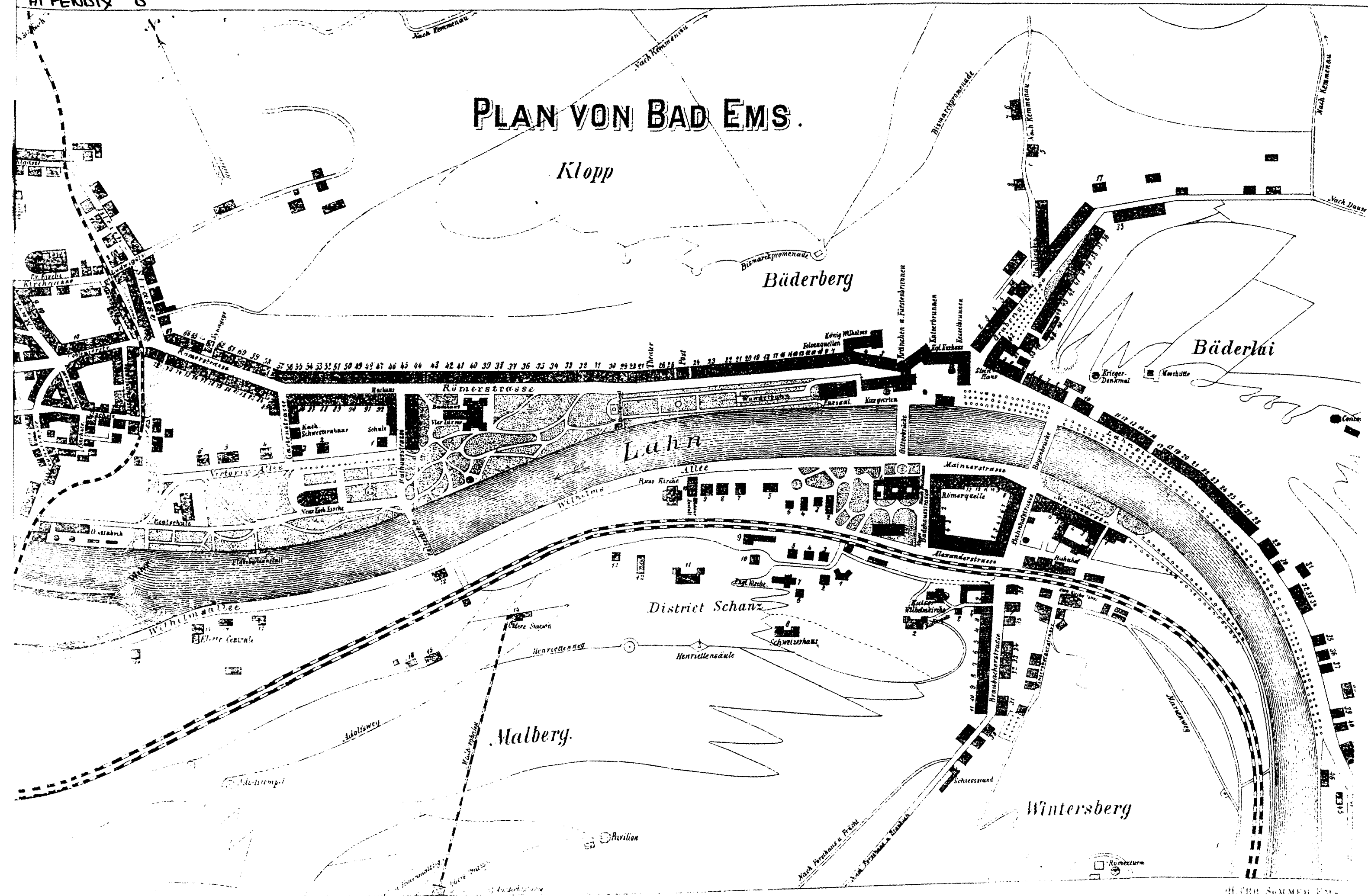
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APPENDIX

APPENDIX A



PLAN VON BAD EMS.



Archiv der Stadt
BAD EMS

Z.B. 1876

39

EMSE FREMDEN-LISTE

für das Jahr

1876.

Druck u. Verlag der H.C. Sommer'schen Hof-Buchdruckerei u. Lithographie.
BAD-EMS.

Amtliche General-Liste

der

anwesenden Kurgäste und Durchgereisten zu Bad-Ems.

Das Abonnement für die Kurliste beträgt 5 *Mk.* Die einzelne General-Liste kostet 30 *S.*, die einzelne tägliche Liste 10 *S.*
Insertionsgebühr die einspaltige Garmondzeile oder deren Raum 15 *S.*

Nr. 35.

Samstag, den 24. Juni

1876.

Die Fremden, deren Namen oder Wohnort entweder gar nicht oder unrichtig in die Kurliste eingetragen sind, werden ersucht, solches auf dem Bureau der Kurkasse im Kursaal anzuzeigen.

Es liegt im Interesse der Fremden, nach Ankunft ihre Wohnung bei der hiesigen Kaiserlichen Telegraphen-Station im Hôte Darmstädter Hof und bei dem Kaiserlichen Post-Amte anzugeben.
Bad-Ems, 1876.

Die Redaction.

Anwesende Kurgäste.

Königliche Kurgebäude.

Se. Maj. der Deutsche Kaiser und König von Preussen

mit Gefolge:

Hr. General v. Reutern. Nr. 110,
Exc. Hofmarschall Graf Perponcher. Nr. 315
Hr. Flügeladjutant, General à la Suite Graf
Lehndorff. Nr. 111,
Hr. Flügeladjutant, Major v. Winterfeld. Nr.
108,
Hr. Flügeladjutant, Major Graf Arnim. Nr. 65,
Hr. Leib-Arzt u. General-Arzt, Dr. v. Lauer.
Nr. 236,
Hr. Geh. Hofrath Borck. Nr. 85,
Hr. Hofstaatssecr., Hofrath Kanzki. Nr. 120

Militär-Cabinet:

Hr. Generaladjutant, Generalmajor v. Albedyll.
Nr. 230,
Hr. Major v. Elern. Nr. 105,
Hr. Major v. Branchitsch. Nr. 224,
Hr. Geh. Hofrath Koch. Nr. 223,
Hr. Geh. Kanzleirath Rhoder. Nr. 240,
Hr. Rechnungsrath Schulz. Nr. 239,
Hr. Rechnungsrath Koch. Nr. 243

Civil-Cabinet:

Hr. Geh. Cabinetsrath v. Wilmsowski. Nr. 288,
Hr. Hofrath Miessner. Nr. 284
Hr. Hofrath Hüttich. Nr. 283

Auswärtiges Amt:

Hr. Geh. Legationsrath v. Bülow II. (im
Hause: Herzog von Nassau.)
Hr. Geh. Secr. Finger, Chiffreur. Nr. 184,
Hr. Obertelegraphist Müller
m. Dnsch. a. Berlin

a. Oberer Flügelbau.

Pönopp, Hr. m. Gem. a. Berlin. Nr. 123.
Schubbe, Hr. a. Berlin. Nr. 122.

b. Mittelbau.

v. Skalon, Fr. m. Fam. u. Bed., Gem. des
Flügeladj. Sr. Maj. des Kaisers v. Russland
a. Petersburg Nr. 79, 80, 88.

Haan, Hr. Kfm. u.

Jentsche, Kfm. a. Dresden. Nr. 166, 167, 168
Simons, Hr. K.Gef.-Dir. a. Duisburg. Nr. 133
Pigolt, Mrs. u.

Johnstone, Miss m. Bed. a. England. Nr. 169,
170, 158

v. Seel, Hr. Major a. D. m. Gem. a. Stolp
Nr. 81.

Bodarevsky, Hr. a. Russland. Nr. 182

Stark, Hr. Dr. a. Stuttgart. Nr. 130

v. Fürstenberg-Herdringen, Fr. Gräfin m.
Dnsch. a. Westfalen Nr. 91, 95, 96, 97, 100

Bödinghaus, Hr. m. Gem. a. Düsseldorf.
Nr. 180

Collinet, Mr. a. Schweiz. Nr. 84

Ridder Pauw. van Wieldrecht, Kammerherr

S. M. des Königs a. Haag. Nr. 31, 31

v. Dobeneck-Rehdorf, Hr. Maj. a. D. a. Berlin

Nr. 83

v. Levetzow, Hr. a. Gr. Wubiser. Nr. 82

Salmon, Hr. Capitain a. London. Nr. 129

c. Unterer Flügelbau.

Raffauf, Hr. a. Coblenz. Nr. 39

v. Hirschfeld, geb. v. Bonin, Fr. m. Frh.

Tcht. a. Coblenz. Nr. 77

Bouhon David, Mad. a. Brüssel. Nr. 75.

v. Müller, Hr. Lieut. a. Düsseldorf. Nr. 38.

Abney, Mrs. m. Dnsch. a. England. Nr.

144, 159

Burningham, Hr. Maj. m. Gem. a. London.

Nr. 34, 35

Merenberg, Hr. Graf a. Wiesbaden. Nr. 73, 74

Fiorentino, Mad. a. Paris. Nr. 36

Albert, Hr. a. Dresden. Nr. 145

v. Campen-Kirchberg, Hr. Bar. Rittergutsb.

zu Kirchberg (Braunschweig). Nr. 146

Kessler, Mad. m. Söhnch. u. Bed. a. Paris.

Nr. 29, 76, 87

v. Hartmann, Hr. m. Gem. a. Berlin. Nr. 145

d. Lahnbau.

de Giedroye, Mr. le Prince et Mad. la Prin-

cesse m. Bed. a. Petersburg. Nr. 60, 61,

62, 69, 155

van Stralen, Hr. m. Fam. u. Gouv. a.

Haag. Nr. 55, 56, 57, 58, 59

v. Wieck, Hr. Kreisr. a. Medebach. Nr. 154

Exc. v. Gervais, Frh. u.

v. Gengoult, Frh. m. Gesellschaftsdame

Opitz, Frh. a. Russland. Nr. 147, 148, 149, 162

v. Zlotnitzki, Hr. u.

Walewska, Fr. Gräfin a. Russland. Nr. 50,

51, 52, 53, 54

Hillerup, Fr. m. Hrn. Sohn u.

Bilstid, Frh. a. Dänemark. Nr. 46, 47

Beauchamp, Esqr. a. London. Nr. 151

Sengstack, Hr. Kfm. a. Bremen. Nr. 153

Münster, Fr. a. Copenhagen. Nr. 152

Kennedy, Esq. a. England. Nr. 150

Thyen, Hr. Consul a. Bremen. Nr. 48

v. Rohr, Hr. Rittm. m. Gem. geb. v. d. Osten

u. Bed. a. Berlin. Nr. 57, 58, 59

g. Panorama.

Gubbins, Colonel m. Fam. u. Dnsch. a.

England. Nr. 324, 325, 326, 334, 337

Engels, Hr. Officier a. Wandsbeck. Nr. 327

v. Carnap, Fr. Bar. m. 2 Frh. Tcht. a. Elber-

Blondoff, Fr. Gräfin m. Tcht. u. Kammer-

jungfer a. Brüssel. Nr. 313, 314, 321, 322

C. D. Barker, Hr.,

Barker, Mrs. & Miss u.

D. W. Barker, Mr. a. England. Nr. 329,

330, 331, 333

Vier Thürme, Badehaus.

Labanoff de Rostoff, Mad. la Princesse née

Princesse de Paskiewitch u.

Labanoff de Rostoff, Mlle. la Princesse m.

Gouv. u. Dnsch. a. Petersburg

Obolensky, Mad. la Princesse m. Dnsch. a.

Russland

Scholtz, Fr. Cons. m. 2 Frh. Tcht. a. Malaga

Albion.

v. Hesse, Hr. Gen.-Lieut. m. Fam. a. Russland

Marx, Hr. Fabrikb. a. Berlin

Schwester, Fr. a. Berlin

Bussé, Hr. Pächter a. Forst

Jaikoff, Hr. Kfm. m. Gem. a. London

Kratsch, Hr. a. Altenburg

Brarmeyer, Hr. a. Dessau

Adler.

v. Ernst, Hr. Lient. im 6. Jäg.-Bat. a. Oels

Haréng, Hr. a. Halle a. S.

Lehweiss, Hr. Dr. med. pr. Arzt a. Petersburg

Köchlin-Gaigy, Fr. m. Frh. Tcht. u. Sohn

a. Basel

Walcker, Hr. Lieut. a. Marburg

Buschmann, Hr. Dr. Gym.-O.-Lehr. a. Warendorf

Kaiser Adolph.

Palmgren, Fr. a. Russland

Volke, Fr. a. Schweidnitz

Grienke, Hr. m. Gem. a. Calbe a/S.

John, Hr. m. Fr. a. Colberg

Kesler, Hr. a. Wien

Winckel, Hr. Superintend. a. Berleburg

Krämer, Hr. m. Fam. u. Gouv. a. Berlin

Prinz Albert.

Wiasemsky, Mr. le Prinz u.

Tchapplin, Mr. Gen. m. Bed. a. Homburg

Schaper, Fr. m. Frh. Nichte a. Hannover

Alemannia.

Kleemann, Fr. u.

Kettelhack, Frh. a. Recklingshausen

Stenkhoff, Frh. a. Recklingshausen

Kettelhack, Frh. a. Dorsten

Senglet, Mad. u.

Haase, Mad. a. Berlin

Wolff, Hr. Kfm. a. Plauen

Kaiser Alexander.

Kroschel, Fr. Gymn.-Dir. m. Tcht. a. Arnstadt

Treutler, Hr. Kfm. a. Naundorf

Besson, Fr. a. Paris

Nigra, Mr. Ambassadeur d'Italie m. Kamerd.

Fuchs a. Braunschweig
 Orloff-Denisoff, Hr. Gral a. Russland
 Ville d'Alger.

Thumb, Hr. Friedensr. a. Burtscheid
 Liebreich, Fr. a. Rom
 Dmitroff, Hr. Dr. med. m. Fr. Schw. a. Russland
 v. Hahn, Hr. Kais. russ. wirk. Staatsr. m.
 Gem. a. Odessa
 Baulig, Fr. a. M.-Gladbach
 Schepeler, Fr. m. Fr. Nichte a. Münden
 v. König, Hr. Rittm. a. Elbing
 Belle Alliance.

Kohl, Hr. a. Cöln
 Hache, Hr. m. Fr. Tcht. a. Bremen
 Hennies, Fr. a. Hannover
 Janke, Fr. Dir. m. Tchtch. u.
 Seidel, Fr. a. Breslau
 Calli, Hr. Dir. a. Hannover
 Koppelman, Hr. Pastor m. Fr. a. Schuttdorf
 Hotel Amisia.

Roscher, Hr. Amtsanwalt a. Stollberg
 Hohn, Hr. a. Radhen
 Meyer, Hr. a. Barten

Apotheke.
 Gruner, Fr. a. Ebrigsburg
 Villa Aurora.

Wahl, Hr. Cons. m. Gem. a. Wiborg
 v. Frankenstein, Fr. m. 2 Kinder u. Erzieh.
 a. Petersburg
 Schwager, Hr. Kfm. a. Bamberg
 Sildsig, Hr. Kfm. m. Gem. a. Copenhagen
 Badischer Hof

v. Livonius, Hr. Rittergutsbes. m. Fr. Tcht.
 a. Reichenau, Westpreussen
 v. Alten, Hr. Prem.-Lieut. a. Belgard
 Revd Rittenberg, Hr. a. Kingston Jamaica
 Stibel, Fr. a. Eisenach
 Riema, Hr. Kfm. m. Fam. a. Barmen
 Reimers, Fr. a. Aurich

Bairischer Hof.
 v. Lysander, Exc. m. Fam. a. Wiesbaden
 Mayländer, Hr. Kreis-Richter a. Bernburg
 v. Heine, Hr. m. Fr. Nichte a. Petersburg
 Hawecker, Hr. Kfm. a. Minden
 Kamberger, Hr. a. Berlin
 Mallachow, Fr. a. Bromberg
 Dreyes, Hr. Kfm. a. Hamburg
 Lindenstädt, Hr. Kfm. a. Berlin
 Bielefelder, Kfm. u. Stadtrath a. Posen
 Hawecker, Fr. a. Minden
 Gorboff, Hr. m. Fam. u. Bed. a. Russland
 Bauchwitz, Fr. a. Halle a/S.

Villa Balzer.
 v. Kahlen geb. v. Bæhr, Fr. Rittergutsbes.
 m. Fr. Tcht.
 v. Bæhr, Fr. u. Fr. Nichte a. Livland
 v. Walther, Fr. Oberstl. a. Samter
 Schlenther, Hr. Kreisger.-R. m. Gem. a. Tilsit
 Brauer, Fr. Gen.-Cons. m. Nichte
 Boyes, Fr. a. Bed. a. Bremen
 Exc. Dymman, Fr. u.
 v. Schilder-Schouldner, Fr. a. Russland
 Gossler, Hr. a. Newyork
 Schröter, Hr. a. Dresden
 Riedel, Hr. Dr. Pred. m. Gem. a. Stadtkanaal
 Caro, Hr. Dr. jur. u. Eisenhüttenb. a. Schlesien
 Cahnheim, Fr. Com.-R. m. Gesellsch. a. Berlin
 Gossler, Fr. Dr. Präs. m. Bed. a. Hamburg
 Richter, Hr. Sec.-Lieut. a. Magdeburg
 Woyciechowski, Hr. Gutsb. a. Galizien
 Giebeler, Hr. Hüttenb. m. Gem. a. Wiesbaden
 Stark, Hr. Geh. Ober-Reg.-R. a. Berlin
 Baum, Hr. Geh.-R. a. Düsseldorf
 Michelly, Hr. m. Fr. Tcht. a. Königsberg
 Poresch, Hr. Hofrath a. Petersburg
 Pappenbusen, Hr. a. Hamburg

Stadt Basel.
 Walter, Hr. a. Mühlhausen
 Keil, Hr. Ingen. a. Seufteburg

Rosenberg, Hr. Prediger a. Angarn
 van Holthe zu Echten, Fr. m. Fam. a. Assen
 Hvast, Hr. Justizrath a. Dänemark
 Dürksen, Hr. Kfm. m. Gem. a. Königsberg
 Kahle, Hr. Lehrer a. Senftenberg
 Bavaria.

Balsop, Fr. a. Russland
 Lütke, Fr. a. Remscheid
 Sykoff, Fr. a. Moskau
 Oldenburger, Hr. Collegien-Secr. m. Fr. u.
 Mutter a. Russland
 La Fayette Smith, Mr. Anwalt a. Madison
 Lebküchner, Hr. m. Gem. a. Schweinfurt
 Belle Vue.

Pretymann, Hr. Oberst m. Fam. u. Bed. a.
 England
 Salomé, Hr. Kfm. m. Fam. a. Magdeburg
 Grunauer, Hr. Fabrikbes. a. Berlin
 Potulicka, Fr. Gräfin Gutsbes. m. Bed. a.
 Galizien
 v. Latrobe, Hr. Landr. u. Rittergb. m. Fam.
 a. Livland
 v. Holwede, Fr. a. Schlesien
 v. Zur-Mühlen, Fr. a. Livland
 Ponskine, Mlle. u.
 Alexandroff, Mr. a. Russland
 Mannheimer, Hr. a. Oschersleben
 Ottmer, Fr. Hofbauräthin a. Coblenz
 Meyer, Hr. Dr. juris, Adv. a. Hannover
 Nedelmann, Hr. Kfm. a. Essen
 Zeisig, Hr. Kfm. a. Breslau
 Lösch, Fr. a. Chemnitz

Berliner Hof.
 Westphal, Hr. a. Berlin
 Stein, Hr. Hötelb. a. Brüssel
 Giesau, Hr. Fabr. m. Gem. a. Magdeburg
 Dembinski, Hr. Gutsb. a. Kanczuga
 Kadisch, Fr. a. Grandenz
 Heller, Fr. m. Ges. a. Berlin
 Samuel, Hr. a. Stettin

Villa de Bériot.
 v. Bernstorff, Hr. Graf m. Gem., geb. von
 Arnim a. Mecklenburg
 Beckh, Hr. Fabrikb. m. Gem. u.
 Diefenbach, Fr. Reg.-R. a. Württemberg
 Sollohub, Fr. Gräfin m. Bed. a. Petersburg
 Meyerfeld, Hr. a. Frankfurt
 Plüddemann, Fr. m. Bed. a. Berlin
 v. Grot, Hr. Geh.-R. u. Akadem. m. Fam. u.
 Bed. a. Petersburg
 Niepmann, Hr. Fabr. a. Elberfeld

Bei Bäcker Bernstein.
 v. d. Heyde, Hr. a. Hammeln
 Heller, Hr. Steuer-Insp. a. Bromberg
 Schüler, Hr. a. Berlin

Biarritz.
 v. Wilnowski, Hr. Reg.-R. a. Breslau
 Neelmeijer, Hr. m. Gem. a. Apeldoorn
 Jentzsch, Hr. Fabrikb. m. Gem. a. Halle
 de Alcandera, le Comte u. la Comt. a. Belgien
 Scholefield, Hr. a. Petersburg

Fürst Blücher.
 v. Pleckersfeld, Hr. Ritter u. Kgl. Rath m.
 Gem. a. Kronstadt (Ungarn)
 Schmidt v. Osten, Hr. Hptm. im Kais. Franz
 Garde-Gren.-Reg. Nr. 2 m. Gem. a. Berlin
 Borstell, Fr. a. Berlin
 Duschnee, Hr. Prof. m. Gem. u. Sohn a. Prag
 Bruck, Hr. m. Fr. Tcht. a. Dresden
 Nartoff, Hr. a. Petersburg
 Epischkin, Hr. Comm.-R. m. Fam. u. Dnsch.
 a. Moskau
 Engel, Hr. a. Coblenz

Borussia.
 Falckenthal, Fr. m. Sohn a. Luckenwalde
 Meyer, Fr. a. Neuhaus a. d. Oste
 Wolf, Hr. m. Fam. a. Lieberose
 Hoberg, Hr. K. Eis.-Betr.-Secr. a. Hannover

Dietrich, Hr. Hofschauspieler a. Oldenburg
 v. Knobelski, Hr. O.-Laz.-Insp. a. Gr. Glogau
 Pihl, Fr. Pastorin a. Abo
 L. Bockwinkel Römerstrasse 85.
 Wetterquist, Fr. m. Kind a. Celle

Braunschweiger Hof.
 Richardt, Mad. a. Wiborg
 Quedenfeldt, Fr. Rittergutsbes. a. Königs-
 berg m. Tcht.
 Heinemann, Fr. Bauinspector a. Dessau
 Spahns, Hr. Oberst a. D. m. 2 Schwäg.
 Empich, Fr. u.
 v. Schmeling, Fr. a. Berlin
 Koch, Fr. a. Hamburg
 Scherepoff, Fr. Oberstin m. Fr. Tcht. a.
 Russland
 Winberg, Hr. Colleg. R. a. Russland
 Stewart, Mrs. m. 2 Fr. Tcht. u. Bd. a. Irland
 Mutzenbecher, Fr. m. 2 Kindern u. Bed. a.
 Hamburg

Bremer Hof.
 Kralund, Fr. Canzleir. a. Kolding
 Find, Fr. a. Kolding
 Pleiss, Hr. Kfm. a. Remscheid
 Pfeiffer, Hr. Banq. m. Gem. a. Düsseldorf
 Westhoff, Hr. m. Gem. u. 2 Bed. a. Düsseldorf
 Seibold, Fr. a. Stuttgart
 Mahmert, Hr. Dr. med. Bez.-Arzt a. D. m.
 Gem. a. Dresden
 Spær, Hr. Fabrikb. a. Apolda
 Behrent, Hr. Gen.-Cons. m.
 Oppermann, Fr. Gesellschaftsdame a. Berlin
 v. Lewis of Menar, Hr. a. Livland
 Lemberg, Fr. a. Breslau
 Hahn, Fr. a. Neisse
 Rolfsen, Fr. m. Hr. Sohn a. Norwegen
 Wildförster, Hr. a. Düsseldorf
 Hiller, Hr. Kfm. a. Berlin

Britannia.
 Buss, Hr. Rentner a. Frankfurt
 Parminter, Revd. a. Stuttgart
 Frederichsen, Mad. a. Petersburg
 Apouchkine, Mad. m. Hr. Sohn a. Russland
 Clifford, Hr. m. Fam. a. Holland
 Børnlage, Fr. a. Holland
 Doornik, Hr. m. Gem. u. Bed. a. Holland
 v. Brascò, Hr. a. Livland
 Bender, Fr. Major u.
 Hayn, Fr. a. Berlin
 Voigt, Hr. Börsen-Sensal a. Essen
 Wedel-Güdens, Hr. Graf a. Hannover
 v. d. Heyden, Fr. a. Berlin
 Stadt Brüssel.

v. Sprenger, Hr. Rittergutsb. u. Landesältest.
 a. Walitsch in Schlesien
 Oehlmann, Hr. m. Gem. a. Berlin
 Isaacs, Hr. a. Hamburg
 Hauer, Fr. a. Hamburg
 Bennedik, Hr. m. Gem. u.
 Marschall, Fr. m. Bed. a. Cöln
 Wüning, Fr. m. Töchtch. a. Möbbis

Carlsbad.
 Jablonowska, Fr. Fürsin m. Bed. a. Paris
 de Cartier, Hr. Baron a. Paris
 Holmquist, Hr. m. Ges.:
 Brocker, Hr. a. Helsingfors

Carlsruhe.
 Bangeroth, Hr. Kim. a. Verviers
 Richter, Fr. a. Potsdam
 Josephson, Fr. a. Lüdenscheid

Coblenzerstrasse Nr. 29.
 Kleinert, Hr. Postsecr. a. Cöln

Concordia.
 Schottländer, Hr. a. Breslau
 Stadt Cöln.

Löwy, Hr. m. Gem. a. Eger
 Leszynsky, Hr. u.
 Hirschfeld, Fr. a. Hameln a/W.
 v. Grosschopff, Fr. Staatsr. u.
 v. Rummel, Baroness Ges.-Dame a. Livland

v. Dabrowski, Hr. Oberst. a. Coblenz
 Frey, Hr. a. Aarau
 Müller, Hr. Cons. m. Gem. a. Brake
 Karthaus, Hr. Kfm. a. Barmen
 Overbeck, Fr. a. Barmen
 Spannagel, Fr. a. Barmen
 Stjernwall-Wallern, Hr. Baron m. Bed. a. Petersburg
 de Behna, Mr. Redact. de la Liberté a. Paris
 Borgstede, Fr. a. Oldenburg
 Stöcker, Hr. Kfm. a. Gladbach
 Pepper, Mr. & Mrs. m. Fam. u. Dnsch. a. Philadelphia
 v. Gonrague-Pawliczinski, Hr. Wirkl. Staatsr. a. Petersburg
 Konopacki, Hr. Reg.-Präs. a. Coblenz
 v. König, Hr. Bar. m. Gem. a. Münster (Württ.)
 Karthaus, Hr. Com.-R. a. Barmen
 Peltzer, Hr. P. a. M.-Gladbach
 Pelzer, Hr. A. a. M.-Gladbach
 Wedemeyer, Hr. Rittmeister a. D. a. Elsass
 Branicka, Fr. Gräfin geb. Gräfin Potocka m. Dnsch. a. Russland
 v. Leonhards, Hr. Bar. Kammerherr m. Fr. Tcht. a. Darmstadt
 Evens, Hr. a. Warendorf
 Markowsky, Hr. a. Kiew
 van Ham, Hr. a. St. Trond
 Burghard, Hr. m. Fam. a. Hamburg
 Favre, Mad. m. Bed. a. Genf
 Tapken, Fr. m. Fam. u. Bed. a. Elberfeld
 Schmissing-Kerssenbrock, Hr. Gr. m. Gräfin geb. Gordon of Albergeldie a. Westfalen
 Steinlin-Wild, Hr. m. Gem. a. St. Gallen
 Exc. Gr. zu Dobna-Schlobitten, Obermarsch. m. Bed. a. Schlobitten
 Bauer, Hr. Cons. m. Gem. a. Johannisberg
 Settlen, Hr. a. Basel
 Engelhardt, Hr. m. Fam. u. Dnsch. a. London
 Häfner, Hr. a. Frankfurt
 Dürler, Hr. Obrist a. St. Gallen
 Kunath, Hr. Kfm. a. Dresden
 v. Eynern, Hr. Geh. Com.-R. m. Fr. Tcht. a. Barmen
 Schmieding, Hr. Dr. pr. Arzt a. Witten
 Silberfeld, Fr. m. Begl.:
 Steinitz, Fr. a. Breslau
 Souchnez, Fr. m. Fam. u. Bed. a. Lüttich
 Bayer, Hr. Fabr. a. Barmen
 Barton, Mr. & Mrs. m. Fam. a. Dublin
 Merton, Hr. a. Frankfurt
 Atkinson, Mr. & Mrs. m. Bed. a. England
 Stallett, Miss a. England
 Kraft, Hr. Rittergutsbes. a. Oberrabenstein
 Schierlitz, Hr. Pastor a. Oberrabenstein
 Schönburg, Hr. Graf m. Bed. a. Glauchau
 Childe, Hr. a. Paris
 Bretzell, Hr. Rittergutsb. a. Dübrow
 Lewin, Hr. Kfm. a. Berlin

Deutsches Haus.

Elsholtz, Hr. App.-Ger.-Rath m. Gem., geb. v. Metternich a. Magdeburg
 Hellerström, Hr. Consul a. Carlshamm
 Lunth, Hr. Pastor a. Carlshamm
 Glücksmann, Hr. a. Warschau
 v. Kleist, Fr. geb. v. Gutzmerow u.
 v. Gutzmerow, Fr. a. Strassburg i/E.
 Michels, Hr. stud. u.
 Michels, Hr. Hanfändler a. Priglowitz

Deutscher Hof.

Rappold, Hr. Kaufm. a. Augsburg
 Beneget, Hr. Kais. Reichsbankbeamt. m. Gem. u. Fr. Tcht. a. Berlin
 Wiechmann, Hr. m. Fam. a. Newyork
 v. Latchinoff, Hr. Oberst m. Gem., Kind u. Bonne a. Petersburg

Hesse, Hr. m. Fam. a. Weimar

Villa Diana.

v. Rees, Fr. m. Fr. Tcht. a. England
 Se. Durchl. Prinz Friedrich Wilhelm v. Sayn-Wittgenstein a. Laasphe
 v. Rokoff, Fr. m. Bed. a. Stuttgart

Villa Dreis.

Hühn, Mad. a. Russland
 Apraxin, Hr. Graf u. Fr. Gräfin m. Fam. Gouvern. u. Dnsch. a. Petersburg
 de Nefforge, Mr. le chevalier m. Bed. a. Brüssel
 Wehlau, Hr. m. Gem. a. Breslau
 Joukowsky, Fr. m. Kind u. Bd. a. Petersburg
 Potrapoff, Fr. Gen.-Maj. m. Sohn u. Gouv. a. Petersburg

Behrens, Fr. m. Bed. a. Hamburg
 Middleton, Mrs. m. Fam. u. Bed. a. Schottland
 Heine, Hr. m. Gem. a. Berlin
 Zedlitz, Hr. Graf Rittmeister a. D. a. Schlesien
 Linel, Hr. m. Fam. a. Frankfurt
 Sachs, Fr. m. Fr. Schwester a. Kalisch
 Schmid, Fr. a. Hamburg
 Bourjan, Fr. a. Hamburg
 Zimmermann, Hr. Techniker m. Fam. a. Russland

Marggraff, Fr. Fabrikb. m. Hr. Sohn a. Schwiebus

Exc. Joukowsky, Gen. m. Bed. a. Petersburg
 Eichelstein.

Heilbron, Fr. m. Tchtch., Gouv. u. Bed. a. Paris
 Graubner, Fr. a. Leipzig
 Gadegast, Hr. Rittergutsbes. m. Gem. a. Thal b/Oschatz
 Gagarine, Fr. Fürstin m. Bed. a. Russland
 Kraus, Fr. m. Fr. Tcht. a. M.-Gladbach

Einhorn.

Zimmermann, Hr. Förster a. D. a. Asselheim
 Zur Eisenbahn.

Franckenberg, Hr. Bürgermstr. m. Gem. a. Paderborn
 Lewerman, Fr. a. Paderborn
 Mittler, Fr. m. Fr. Tcht. a. Hersfeld

Elementarschule.

Dreves, Hr. Wirth a. Bochum

Englischer Hof und Fürstenhof, Gasthaus.

Smethurst, Mr. u. Mrs. u.
 Smethurst, Miss m. Dnsch. a. England
 Pim, Hr. a. Dublin
 Wesendonck, Fr. m. Bed. a. Dresden
 v. Bissing, Fr. Bar. m. Kind u. Bed. a. Berlin
 Bader, Hr. a. Braunschweig
 Bartholomiew, Mrs m. Bed. a. England
 Blumberg, Fr. m. 3 Fr. Tücht. u. Dnsch. a. Julienheim

Baumgarten, Hr. a. Stockholm
 Rosenberg, Hr. a. Stockholm
 Milutin, Hr. Flügeladj. S. M. des Kais. v. Russland m. Bed. a. Petersburg
 Müller-Stumm, Hr. m. Fam. u. Dnsch. a. Frankfurt

Tyszkiewicz, Mad. & Mlle. la comtesse m. Dnsch. a. Russland

Hauge, Hr. m. Sohn u. Gouv. a. Christiania
 Bruneau, Mr. u. Mad. m. Dnsch. a. Brüssel
 Duncan-Shaw, Mr. u. Mrs. m. Dnsch. a. Schottland

Ross, Mr. u. Mrs. m. Dnsch. a. New-York
 van der Sweep, Mr. & Mad. m. Dnsch. a. Brüssel

Bethune, Mrs. u. Miss u.
 Bethune, Mr. m. Dnsch. a. Schottland
 Osuna y l'Infantado, Monseig. le Duc u.
 Henriquo y Meras, Mr. m. Dnsch. a. Spanien

Salomon, Fr. m. Fr. Tcht. a. Paris

Schmitz, Hr. a. Braunschweig
 Bolten, Fr. m. Bed. a. Magdeburg
 Tighe, Mr. a. England
 Harwey, Mr. u. Mrs. m. Bed. a. England
 Johnson, Mr. a. England
 Crutchley, Mrs. m. 2 Misses u. Bed. a. England
 Witting, Hr. a. Braunschweig
 Seebohm, Hr. Hüttendir. a. Völklingen a/S.
 Zubaloff, Hr. a. Petersburg
 v. Dobeneck, Freiherr u. Freifr. m. Bed. a. Frankfurt

Delius, Mr. a. Bradford
 Kranz, Hr. m. Gem. a. Leyden
 von u. zu Schachten, Frhr. Rittm. a. Paderborn
 Barrett, Mr. a. England
 Guelich, Mr. & Mrs. m. Bed. a. London
 Schultze, Hr. a. M.-Gladbach

Prinz Eugen.

Knipper, Fr. m. Fr. Tcht. a. St. Johann
 Karsten, Hr. Oeconom a. Jungfer O.-Pr.
 Nikutowski, Fr. a. Berlin
 Penon, Fr. a. Weener
 Heckel, Hr. Fabr. a. St. Johann

Privat- und Badehaus zum Europäischen Hof.
 Reichsfreiherr v. d. Knesebeck-Myndonk,

Prem.-Lient. i. 2. Garde-Ulan.-Reg. a. Berlin
 Georg v. d. Knesebeck, Hr. Officier a. Carwe
 Bauer, Hr. Fabr. a. Neustadt-Magdeburg
 Staadecker, Hr. Kfm. a. Bruchsal
 Wagner, Hr. Com.-R. m. Gem., 2 Tücht. u. Dnsch. a. Aachen

Heimer, Hr. Fabr. a. Rheydt
 Jawitz, Hr. m. Fr. Tcht. u. Ges. a. Warschau
 Henser, Fr. a. Aachen
 Cockerill, Fr. a. Aachen
 Caspar, Hr. Banq. a. Hannover
 Rüsing, Hr. a. London

Burg Falkenstein.

Schmidt, Fr. a. Mülhausen i. Th.
 Dispeker, Hr. a. Fürth
 Schröder, 2 Fr. a. Wismar
 Lohmeyer, Hr. Kreissecr. a. Ranis
 Junker, Hr. a. Erfurt
 Hoffmann, Hr. a. Erfurt
 Lazaroviz, Hr. Kreisr. m. Gem. a. Heydekrug

Goldenes Fass.

Schiloff, Mad. a. Petersburg
 Espérance Broutchini, Mad. a. Rom
 Faulwasser, Hr. Gutsb. a. Plötzkau
 Medneukoff, Hr. a. Moskau
 Duft, Fr. a. Frankfurt
 Ebbrecht, Fr. a. Wiesbaden

Vom Fels zum Meer.

Russler, Hr. Photograph a. Bamberg
 Rall, Hr. Kfm. a. Straubing
 Gädicke, Hr. m. Fr. a. Kyritz

Felsenburg.

Wild, Hr. Kfm. a. Nen-Strelitz

Bei W. Ferger.

Tosse, Hr. Oberverwalter a. Buer b. Fssen

Hôtel de Flandre, Gasthaus u. Stadt Antwerpen

Schröter, Fr. a. Saarbrücken

v. Burgsdorff, Fr. a. Frankfurt

v. Wedell, Fr. a. Recklinghausen

Böckow, Hr. Amtshptm. a. Schwerin

Busch, Fr. a. Schwerin

Ploek, Hr. Guts- u. Fabrikbes. m. Gem. a. Altengrabow

Krüger, Fr. a. Riga

Krüger, Hr. Beamter a. Riga

Giesbers, Hr. 3. Düsseldorf

Wenzel, 2 Fr. a. Friedrichsthal

Garthe, Hr. Baurath a. Parchin

Evera, Hr. m. Fam. a. Blyham
Hempenmacher, Hr. Comm.-R. m. Fr. Tcht.
a. Berlin
Rhödin, Hr. Kfm. a. Helsingborg
Sohlberg, Hr. Kfm. a. Helsingborg
Serbogradsky, Hr. Oberstlt. a. Petersburg
v. Burghk, Frhr. Lieut. m. Bed. a. Dresden
Schenk v. Stauffenberg, Hr. Graf a. Baiern
Zirkel, Hr. Hofrath a. Wien
Schucofsky, Hr. Gen. m. Bed. a. Petersburg
Gaden, Fr. Gutsbes. m. Fr. Schwägerin a.
Ostpreussen

Flora.

Hæssner, Hr. m. Fr. Schw. a. Sorau
Miethe, Hr. m. Gem. a. Eisenach
Friedländer, Hr. Bang. m. Fam. a. Breslau
Schacht, Hr. Bang. m. Fr. Tcht. a. Hildesheim
Meyer, Hr. Apoth. a. Osnabrück
Weymar, Hr. Fabr. m. Gem. u. Nichte a.
Mühlhausen i/Th.
Heinecke, Hr. a. Aschersleben
Haniel, Hr. a. Ruhrort
Brandt, Hr. m. Gem. u. Kind a. Bernburg

Fortuna.

Zelz, Hr. Gutsbes. a. Aremheiter
Trau, Hr. Kfm. a. Oppenheim
Lamborg, Hr. Gen.-Superint. a. Kurland
Feddes, Fr. a. Groningen
Dainsté, Hr. Buchhändler a. Groningen
Collet d'Esiney, Mr. le Baron et Mad. la
Baronne, Substitut Greffier de la Haute
Cour a. Hag
Feindler, Hr. Bauunternehmer a. Siegen
Adler, Hr. Comm.-R. a. Buchholz Sachsen
Denbel, Hr. a. Coblenz

Hôtel de France.

Weyhe, Hr. Geh.-R. m. Gem. u. Fr. Tcht. a. Bonn
Pfeiffer, Hr. Bürgermst. m. Fr. Tcht. a. Brätz
Peplin, Hr. a. Riga
Rath, Hr. Bürgermst. a. D. a. Brisehim
Excél. v. Ortenberg, Fr. m. Tcht. a. Petersburg
v. Poorten, Hr. m. Fam. a. Petersburg
Krüger, Fr. a. Grünberg
Denis, Mr. a. Faulquemont
Bier, Hr. Fabr. a. Herrnhaag
Zühlke, Hr. Mühlenb. a. Greifenberg
De la Terrass, Hr. Gutsb. m. Fam. a. Ost-
preussen
Hocke, Hr. a. Berlin
v. Kaulla, Fr. m. Bed. a. Schloss Illereichen
Statlter, Hr. à la Max
Krumholz, Hr. Lehrer a. Petersburg
Sperling, Fr. Oberst a. Saarlouis
Stuve, Hr. Rendant a. Soest
Neimböffer, Hr. a. Heidenheim
Hart, Fr. a. Brüssel
Kritzler, Hr. Ob.-Cons.-Präs. m. Tochter a.
Darmstadt

Stadt Frankfurt.

Krause, Hr. Gastwirth a. Berlin

Freiburg.

Göcker, Hr. Kfm. a. Kopenhagen
Strisower, Hr. Grosshändler a. Jaroslau
Leontieff, Hr. Oberst m. Sohn u. Bed. a.
Russland

Friedrichsburg.

Schulz, Hr. m. Gem. a. Berlin
Weise, Fr. Oberst.-Arzt m. Tcht. a. Bernburg
Messer, Hr. a. Lich
Boos, Hr. Kfm. m. Gem. a. Rockenhausen
Walwer, Hr. Kfm. m. Gem. a. Berlin
Würsich, Hr. Postsecr. a. Breslau
Heine, Fr. Lehrerin a. Dessau
Kumlan, Hr. Postdir. a. Trier

Gastein.

Buchajeff, Hr. Kfm. a. Russland
Sésilavina, Mad. Colon. a. Petersburg
Makaroß, Hr. m. Gem. u. Bed. a. Petersburg
Fritlanzky, Hr. m. Tcht. a. Petersburg
Seger, Hr. a. Berlin

Genf.

Winkler, 2 Fr. Schw. a. Breslau
Marshall, Mrs. & Miss m. Bed. a. England
v. Randow, Fr. m. Kind u. Bed. a. Berlin
Neuhaus, Fr. Oberst a. Nassau
Soltau, Hr. Buchdruckereibes. m. Gem. u.
Schwester a. Norden
Lück, Hr. Prem.-Lieut. im 88. Inf.-Reg. a.
Mainz

Villa St. George, Café Restaurant.

Werner, Fr. m. Fr. Nichte a. Berlin
Jürgens, Hr. Brauereibes. a. Braunschweig
Biberstein, Hr. Kfm. a. Braunschweig
Ehmke, Hr. Kfm. a. Hamburg

Germania.

Netscharff, Hr. m. Gem. a. Petersburg
Netcheff, Hr. Hptm. m. Gem. a. Petersburg
Goffin, Hr. m. Gem. a. Brüssel
Schulz, Hr. a. Cöln
Lauvick, Fr. m. Tcht. a. Hamm
Morgenroth, Hr. Fabrik. a. Elberfeld
Ullmann, Hr. Dr. Med.-R. a. Weimar

Hotel Goedecke.

Meyer, Hr. Rittergutsb. a. Kloster Mansfeld
bei Halle a. S.
Gern, Fr. a. Berlin
Heese, Fr. a. Berlin
Hasselblatt, Hr. Probst a. Livland
Büschler, Fr. a. Elberfeld
v. Oven, Fr. m. Fr. Schwester u. Bed. a.
München
Thies, Hr. a. Braunschweig
Siruick, Hr. Ref. im Marindept. a. Batavia
Walter, Fr. a. Mühlhausen
Meyer, Hr. Rentner a. Zürich
Buret de Stontz, Hr. Dr. pract. Arzt a. Paris
Zabel, Fr. Dr. m. Schwester a. Berlin
Kopp, Fr. a. Hanau
v. Schmitt, Hr. Coll.-R. a. Petersburg
Taylor, Mad. m. Hra. Sohn u. Bed. a. Paris
le Grand, Hr. Lehrer a. Paris
Frachtenberg, Hr. m. Fam. a. Petersburg
Schlösser, Fr. a. Brüssel
Bary, Hr. Dr. pract. Arzt a. Petersburg
Wehr, Hr. Dr. Gymn.-Lehrer a. Göttingen
Oelmer, Hr. a. Dresden
Schnuk, Fr. Dr. a. Hanau

Burg Gatenfels und Goldener Ring.

Pohimann, Frau &
Schlun, Fr. a. Münster
Henn, Fr. m. Fr. Nichte a. Grenzhausen
Ben-George, Mr. & Mrs. a. London
Wolff, Mad. u.

v. Hoorwich, Mlle. a. Brüssel
Kästner, Hr. a. Dresden
Block, Hr. Kfm. a. Frankfurt
Weli, Fr. a. Cöln

Saran, Hr. Kfm. u. Rittergutsb. m. Fam. a.
Potsdam

Schram, Hr. Kgl. dän. Hof-Opernsänger m.
Gem. u. Fr. Tcht. a. Copenhagen

Thomé, Fr. a. Lackweiler
Thomé, Hr. Kfm. a. Brüssel

Hotel Guttenberg, Gasthaus.

Erek, Hr. Fabrik. a. Berlin
Brodtmann, Fr. m. Fr. Schw. a. Berlin
Joachim Reventlow, Fr. Gräfin geb. Gräfin
Gernsfeld a. Jersbeck
v. Maydell, Fr. Bar. a. Reval
Sievers, Hr. a. Altona

Bass, Mrs. u.

Thornwill, Miss m. Bed. a. London
Prins, Hr. m. Gem. a. Altona
Kaufmann, Hr. m. Gem. a. Berlin
Juppert, Fr. m. Tcht. a. Stettin
Schramm, Hr. Kfm. m. Fr. a. Haiger
Heidenfeld, Hr. Rentmeister a. Bladenborst
Cohn, Hr. a. Oppeln
Hunger, Hr. Divisionspfr. a. Cöln
Witzenmann, Hr. Fabr. m. Sohn a. Pforzheim
Verhagen, Hr. a. Cöln
van Stolk, Hr. Kfm. m. Fr. u. Tcht. a. Rotterdam
Beissel, Hr. Kfm. a. Aachen
Espeut, Hr. Sanit.-R. Dr. Kreisphys. a. Spandau
Muschl, Fr. a. Nordhausen
Gebauer, Hr. Fabr.-Dir. u. Stadtrath a. Char-
lottenburg
Kasch, Hr. Kfm. a. Lübeck
Zolotikoff, Hr. a. Moskau
Hofmeister, Hr. Geh. Ober-Reg.-R. d. Minist.
a. Oldenburg
Exc. v. Bossé, Kais. Russ. wirk. Staatsr. m.
Fam. u. Bed. a. Dresden
Hösch, Hr. a. Aachen
Mistorsky, Mad. u. Mlle. a. Petersburg
Jasucovitch, Hr. a. Petersburg
Boissevain, Hr. m. Gem. u. Bed. a. Amsterdam
Mielalis, Fr. a. Domitz (Mecklenbg.-Schw.)
Tönnies, Hr. Kfm. a. Aachen
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de Bary, Hr. Rittmeister a. Berlin
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Bartels, Frl. a. Brunschwig b/Cotbus

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Kabel, Hr. m. Tcht. a. Cüstrin
Hesslein, Hr. Kfm. a. Fürth
Düssler, Hr. Kfm. a. Berlin
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v. Carnap, Fr. a. Breslau
Wedekind, Fr. a. Hannover
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Schwedow, Hr. Oberst m. Gem. u. Hrn. So.
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Tchischow, Hr. Kolleg.-Ass. a. Montreux
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Asmussen, Frl. a. Kopenhagen
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Goldene Kette.

Weissler, Hr. a. Freiburg
Königsberger, Hr. Kfm. a. Breslau
Kabane, Hr. Kfm. a. Warschau
v. Wassillieff, Fr. m. Bed. a. Moskau

Kleeblatt.

Bläse, Fr. m. Ges. a. Curland
Conrath, Hr. a. Kirm
Wassermann, Hr. a. Reval
Steuer, Hr. m. Gem. a. Vilbel
Arthen, Hr. a. Oberbrechen

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Meyer, Hr. m. Gem. a. Prenzlau
Täuber, Hr. Kgl. Bahnbeamter m. Gem.
Würzburg
v. Illyne, Frl. a. Petersburg
Gärditz, Hr. m. Gem. a. Waldheim

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Pohl, Hr. Pfarrer a. Lampersdorf
Kunckell, Frl. m. Ges. a. Nordhausen
Böhme, Hr. Kfm. a. Aschersleben
Remmler, Hr. Buchdr.-Bes. a. Geestemünde
Schleitner, Hr. Lehrer a. Barop

Burg Labneck.

Burchard, Hr. m. Gem. u.
Schweitzer, Frl. m. Bed. a. Berlin
Banks, Hr. m. Tcht. u.
Banks, Frl. a. Hamburg
Boseret, Mad. m. Frl. Nichte a. Lüttich
Sachs, Hr. a. Dresden
Schmidt, Hr. a. Lauenburg
Mosler, Hr. m. Gem. a. Giessen

Lahnthal.

Schulze, Hr. a. Carritz
v. Engelbrecht, Hr. Officier a. Baden
Bei Heinrich Lanio.

Graf, Hr. Mühlenb. a. Dielkirchen
Goldenes Lamm.

Köppeke, Hr. m. Gem. a. Altenbruch
Puschel, Hr. m. Gem. a. Breslau
Vogel, Fr. a. Schwelm
Zeppenfeld, Fr. a. Lahnstein
Zetterberg, Fr. m. Frl. Schwstr. a. Schweden
Krause, Fr. m. Frl. Tcht. u. Bed. a. Wiesbaden
Kaiser, Fr. a. Hamburg
Herzberg, Hr. a. Liebau
Benjamin, Hr. Kfm. a. Berlin
Preisser, Hr. a. Straubing

Hôtel Schloss Langenau.

Kortwich, Hr. Restaur. a. Berlin
Schwarz, Fr. Hauptm. a. Breslau
Schaupensteiner, Fr. Apoth. m. S. a. Pr.-Minden
v. Hinüber, Hr. Amtm. a. D. a. Moringen
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Sartig, Hr. Stud. a. Berlin
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Dresden

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 Hellseid, Hr. a. Russland
 Alberda, Hr. Kfm. a. Amsterdam
 Wysmann, Hr. a. Amsterdam
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 a. Moskau

v. Lieven, Fürstin Helene u.
 v. Lieven, Fürstin Catharina a. Moskau
 v. Craieffsky, Fr. m. Bed. a. Petersburg
 Kamp, Hr. a. Düsseldorf
 Se. Erlaucht Graf Kamarowsky, Hr. Kaiserl.
 russ. wirkl. Staatsr. m. Fam. u. Bed. a.
 Moskau

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Nassauer Hof, Privat- und Badehaus.

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 Samson, Hr. Dir. a. Stockholm
 Neumann, Fr. a. Berlin
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 v. Reischach, Fr. l. m. Bed. a. Frankfurt

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 d. Kais. v. Russland m. Bd. a. Petersburg

Herzog von Nassau.

Fetherston-Stonestreet, Hr. m. Gem. geb.
Freiin v. Hammerstein u. Bed. a. England
Berend, Hr. m. Gem. u. Bed. a. Berlin
v. Bülow, Fr. Geh. Leg.-Räthin, geb. Dolivo-
Dobrowsky m. Töchter. u. Bed. a. Berlin
Aschert, Hr. a. Dresden

Nassovia.

Volheim, Hr. a. Laibach
Niedermayer, Hr. a. München

Nerothal.

v. Wenden, Fr. Gen. m. Fr. Tcht. u. Bed.
a. Russland

Stoppel, Hr. a. Berlin

Norderney.

Abesser, Hr. Staats-Beamter a. Sonneberg
Friese, Hr. Hôtelier a. Fehrbellin

Normandie.

Wolff, Hr. a. Cöpenick
Silkrodt, Hr. a. Berlin
Neubeck, Fr. a. Schwerin

Villa Nova.

Prinzen, Hr. Com.-R. a. M.-Gladbach
Bezerbæk, Fr. m. Bed. a. Wien
Schnitzler-Erekens, Hr. m. 2 Fr. Töchter. a.
Düsseldorf

Georgii, Hr. Kfm. m. Fr. Gem. a. Stockholm
Thomas, Hr. Kfm. a. Nürnberg
Gasper, Fr. m. Fam. a. Petersburg
Winckelmann, Hr. Hofbibliograph a. Berlin
Compes, Hr. Justizr. a. Cöln
Klein, Hr. Kfm. a. Brandenburg
Küttgen, Hr. Kfm. m. Gem. a. Dortmund
Döring, Hr. Kfm. m. Fr. Gem. u. Sohn a.
Breslau

Winkelmann, Hr. Buchhändler a. Berlin
v. d. Schulenburg, Hr. Graf a. Wolfsburg
Hagen, Hr. Baurath a. Hannover
Windesheim, Hr. a. Halle a/S.
Altgelt, Fr. Geh.-R. a. Düsseldorf m. Nichte
Wuppermann, Fr. a. Barmen
Pape, Hr. Senator a. Gronau
Lejeune, Mr. & Mad. m. Bed. u.
Brun, Mr. a. Paris
Raffalowich, Hr. a. Odessa
Killian, Mad. m. Fr. Schwester u. Kind a.
Antwerpen

Nussbaum.

v. Schnehen, Fr. geb. v. Berger a. Hildesheim
Marzahn, Fr. a. Spandau
Wildt, Hr. Canzlei-R. m. Gem. a. Berlin
Radicke, Hr. Reallehrer a. Bromberg
Schaarfschmidt, Hr. m. Gem. a. Chemnitz
Hanau, Fr. m. Hrn. Sohn a. Saarlouis
Geeh, Fr. m. Enkelin a. Cassel
Caspari, Fr. a. Detmold
Scherz, Hr. m. Gem. u. Fr. Tcht. a.
Wusterhausen

Thunes, Fr. m. Fr. Tcht. a. Weissenburg
Friedrichs, Hr. Capitän a. Bremen
Lenz, Fr. m. Fr. Nichte a. Gardelegen
v. Vannschmidt, Hr. Secr. im Kgl. Ungar.
Ministerium a. Budapest
Koller v. Granzow, Hr. Sect.-R. des Königl.
Ungar. Ministerium a. Budapest

Ostende.

Eisig, Hr. m. Gem. a. Heilbronn

Pariser Hof.

Paterson, Revd. m. Gem. a. England
The Revd. Cubitt & Mrs. Cubitt m. Dnsch.
a. England
Witt, Hr. m. Begl. a. Hamburg
Kühnke, Hr. Apoth. a. Cöln
v. Baumbach-Leenderscheid, Hr. a. Cassel
Beit, Hr. a. Hamburg
Taylor, Miss u.
Duncan, Miss u. Schottland

Schwarz, Hr. Apotheker a. Neuss
Riehmer, Hr. m. 2 Fr. Tcht. a. Berlin
Dittrich, Hr. a. Berlin
Drøge, Fr. m. 3 Fr. Tcht. a. Hamburg
Pausch, Hr. m. Fam. a. Eriurt
Kemper, Hr. m. Fam. u. Dnsch. a. Amsterdam
Gill, Mr. & Mrs. a. England
Druyvesteyn, Hr. a. Amsterdam
Luden, Fr. m. 2 Fr. Nichten u. Bed. a. Utrecht
Roskowski, Hr. Fabr. a. Sangerhausen
Venn, Mrs. m. Begl. a. England
Robinow, Hr. Kaiserl. Deutscher Consul m.
Gem. a. Edinburg
Arnold, Hr. Gutsbes. a. Stolp (Pommern)
Wagner, Hr. Kfm. a. Berlin
Feddersen, Mad. m. Bed. a. Pau
Krohn, Fr. a. Lübeck
Speyer, Fr. a. Frankfurt
Hasse, Fr. a. Lübeck

Pfalz.

v. Wedelstätt, Hr. Oberst a. Hannover
Sutor, Hr. Ger.-Assess. m. Gem. a. Naumburg
de Leskoff, Mad. Col.-R. a. Petersburg
Fleutje, Hr. Dr. med. u.
Stumpf, Fr. a. Naumburg, Hessen
Gutzeit, Fr. Oberst a. Danzig
Steffens, Fr. a. Mittel-Goluckau
Kauschmann, Fr. a. Petersburg
Wiese, Hr. a. Dresden
Apraxine, Mr. Kammerherr S. M. des Kais.
v. Russland m. Bed. a. Petersburg
Caesar, Fr. Rittergutsbes. m. Fr. Tcht. a.
Rothenhof
Musill, Hr. m. Gem., Musill-Borozdina, Artist.
v. Kais. Theater a. Moskau
Meyer, Hr. Kfm. a. Dresden
Bötzel, Hr. Sp.-Dir. a. Wolfenbüttel

Alte Post.

Schay, Hr. Kfm. a. Grünberg
Meyer, Hr. Kfm. a. Braunschweig
Haberkorn, Fr. a. Giessen
Vogler, Fr. a. Giessen
Balthorn, Fr. m. Fr. Tcht. a. Braunschweig
Bock, Hr. a. Giessen
Ilienco, Mad. a. Petersburg
Briel, Fr. Hofer.-Adv. m. Fr. Tcht. a. Giessen
Frenken, Hr. Dr. Domberr a. Cöln
Heberlé, Hr. a. Mulhausen i/E.
Frenzel, Hr. Stadtr. a. Eisenberg
Rognant, Hr. a. Paris
Mensing, Hr. Pfr. a. Wichmannshausen
Schubert, Hr. Gutsb. m. Gem. a. Markwipach
Schambach, Hr. Rector m. Gem. a. Einbeck
Gärtner, Fr. a. Halle (Westfalen)
Pick, Fr. Lehrerin a. Monheim
Teufel, Fr. a. Schramberg (Wrttbg.)
Otto, Hr. Kfm. a. Naumburg
Müller, Fr. m. Ges. a. Eltville
Bröss, Hr. a. Braunschweig

König von Preussen.

Oppen, Hr. m. Fam. u. Bed. a. Berlin
Zeise, Fr. a. Gürlitz
Muraue, Fr. a. Berlin
Rzewuski, Hr. Stabs-Rittm. m. Fam. u. Bed.
a. Russland
v. Stachowskj, Hr. wirkl. Staatsr. a. Russland
Thilenius, Hr. a. Wiesbaden
v. Grigorieff, Hr. a. Petersburg
v. Soukowskine, Hr. a. Russland
Wesemann, Hr. Kfm. a. Hannover

Pymont.

Kontouzoff, Mad. la Comtesse et sa soeur
Griazoff, Mlle. m. Bed. a. Russland
Anouchine, Fr. m. Söhnchen a. Russland
Reitzenbaum, Hr. a. Stettin
Lehmaier, Hr. m. Gem. a. Newyork
v. Lwoff, Fr. m. Töchter. u. Bed. a. Russland
Pflaß, Fr. a. Berlin

Zickermann, Fr. a. Schwerin
v. Müller, Fr. Oberst-Lieut. m. Hrn. Sohn
a. Petersburg
v. Maydell, 2 Baronessen a. Livland
v. Smirnoy, Hr. wirkl. Staatsr. m. Gem. u.
Jungfer a. Petersburg
Meyer, Fr. Justizr. u.
Wallrabe, Fr. a. Düsseldorf
Balthazar, Hr. Rechn.-R. a. Dresden
Seiler, Hr. a. Dresden
Kratochwill, Hr. m. 2 Fr. Tcht. a. Posen
Wechselmann, Hr. Baumeister a. Budapest

Rebenstock.

Briesemeister, Hr. m. Fr. Tcht. a. Berlin
Hoffmann, Hr. m. Gem. a. Braunschweig
Nemshinow, Fr. Hofrätthin m. 2 Kinder u.
Penkovsky, Fr. Ges. a. Moskau
Dobrovsky, Mr. registr. de College a. Moskau
Fritzen, Hr. Kfm. m. Gem. a. Dortmund
Campe, Fr. a. Braunschweig

Reichenhall.

Stiernspetz, Hr. Maj. m. Gem. a. Stockholm

Drei Reichskronen.

Blauschild, Hr. Kfm. a. Warschau
Ortlepp, Fr. u. Fr. Tcht. a. Magdeburg
Irgisch, Hr. a. Weissenfels
Friese, Hr. Kgl. Hofbuchdruckereibes. m.
Gem. a. Magdeburg
Heinsius, Hr. Dr. phil. m. Gem. a. Berlin
Kronthal, Hr. Kfm. a. Posen
Reichenheim, Hr. Geh. Com.-R. a. Berlin
Röthlisberger, Hr. Fabr. a. Walkringen
Denmeade, Mr. & Mrs. a. London
Schlüssel, Hr. Kfm. m. Fr. Tcht. a. Dresden
Müller, Hr. Rittergutsbes. a. Schlesien
Lauterburg, Hr. Fabr. a. Langnau (Schw.)
Faukhauser, Hr. Kfm. a. Langnau (Schw.)

Rheingau.

Katz, Hr. Kfm. m. Fr. a. Posen
Hart, Hr. Kfm. m. Fr. u. Nichte a. Amsterdam
Büttner, Hr. m. Gem. a. Paderborn
Vollers, Hr. Rentier m. Gem. a. Lehe
Buchmann, Hr. Ober-Postsecr. m. Fam. u.
Bed. a. Hamburg
Armington, Hr. Kfm. m. Gem. a. Bremerhaven
Weidinger, Hr. a. Nürnberg
Kreisel, Fr. a. Habelschwerdt

Schloss Rheinstein.

Scheibert, Hr. Kfm. m. Gem. a. Stettin
Hussmann, Hr. Fabr. u. Kgl. Hoflieferant a.
Hannover

Lind, Hr. Goldarbeiter a. Hamburg

Rheinischer Hof, Gasthaus.

Peltzer, Hr. a. Coblenz
Herdel, Hr. Kfm. a. Burbach b. Saarbrück.
Schneider, Hr. a. Bonn

Villa San Remo.

Dennig, Fr. m. Bed. a. Pforzheim
d'Oultremont de Duras, Mr. le comte, grand
maitre de la maison de leurs Altesses
Royales le comte et la comtesse de Flandre
m. Bed. a. Belgien
Orbon de Xirvey, Gen.-Lieut. a. Brüssel
Lentsch, Fr. a. Leipzig
Felsch, Fr. a. Leipzig
d'Oultremont de Duras, Mr. le Comte m.
Bed. a. Paris
Menzel, Hr. Architekt a. Millrath
Burberg, Hr. Kfm. a. Mettmann
v. Veltheim, Frhr. Rittergutsb. m. Gem. u.
Dnsch. a. Destedt b. Braunschweig
v. Fellenberg v. Hofwyl, Hr. m. Gem. a. Bern
Dieckerhoff, Hr. Gen.-Dir. a. Schweste
Sternberg, Fr. m. Bed. u.
Lange, Fr. a. Magdeburg
Ballo, Hr. Kfm. a. Posen
Koch, Hr. m. Gem. a. Posen

Säbher, Hr. Kfm. a. Tann
Kiparsky, Hr. Gutsb. a. Livland
Schöler, Hr. Dr. phil. a. Heidelberg
Niemer, Hr. Kfm. a. Cottbus
Tagenkopf, Hr. a. Prenzlau
Steinbrück, Fr. Ger.-R. a. Iserlohn

Zum Ritter.

Skibicki, Mr. Senateur Maitre de la cour imperial de Russie m. Bed. a. Warschau
Czarnecky, Mr. a. Russland
Rabinowicz, Fr. m. Kindern a. Warschau

Hôtel Ritzmann.

Platzmann-Preusser, Fr. m. Dnseb. a. Leipzig
v. Below, Frl. a. Bad-Kösen
Müller, Hr. Kfm. m. Töchtch. a. Darmstadt
Lehmann, Fr. m. Ges. a. Regensburg
v. Geldern, Hr. Kfm. a. Cöln
Schweitzer, Hr. a. Brüssel
de Weber de Treuenfels, Fr. Bar. a. Brüssel
de Grelle, Mad. m. Fam. u. Bed. a. Haag
Meyer, Hr. Kfm. a. Hamburg
Wolff, Hr. Grubendir. a. Essen
Kaufmann, Hr. Architect m. Gem. u. Ges. a. Paris

Pfau, Hr. Kfm. a. Bremen
Houven, Hr. Kfm. m. Gem. a. Cöln
Varenholz, Hr. Secr. a. Detmold
Ericsson, Hr. a. Gefle (Schweden)
Majert, Hr. a. Bochum
Möller, Hr. a. Gefle (Schweden)
Haase, Hr. Hofapotheker a. Detmold
Heyland, Fr. Kr.-R. geb. v. Sturmfederm. Tcht.:
Homeyer, Fr. Rittm. a. Stolp
Meyer, Hr. Kfm. a. Hamburg
Märtens, Fr. m. Ges. a. Detmold

Römischer Kaiser.

Brady, Hr. Kfm. a. Kuxhafen
Siemon, Hr. Kfm. a. Wiesbaden
Dimianowitsch, Fr. m. Fam. a. Petersburg
Kahane, Hr. m. Gem. a. Berlin

Römerberg.

Demuth, Fr. a. Frankfurt
d'Hauterive, Mr. le comte et Mad. la comt. m. Bed. a. Paris
Zeisler, Fr. m. Kind u. Bed. a. Erfurt
v. Staudinger-Würth Fr. m. Begl. a. Wien
Tumansky, Fr. Oberstin m. Hrn. Sohn u. v. Schultz, Fr. a. Petersburg

Rolandseck.

Eberlein, Hr. Kfm. a. Berlin
Lintner, Hr. m. Gem. a. Regensburg
Thiele, Hr. Int.-Secr. m. Gem. a. Strassburg
Lanis, Hr. m. Frl. Tcht. a. Weida
Papeke, Fr. m. Kind u. Bed. a. Haida
Stark, Fr. Dir. Dr. m. Töchtch. a. Stefansfeld
Pelmann, Mrs. a. Amerika
Steiff, Hr. a. Leutkirch
Boltz, Hr. Ref. a. Berlin
Kündinger, Hr. a. Nürnberg

Rosengarten.

Wilmans, Frl. a. Bremen
Wapler, Hr. m. Gem. a. Erfurt
Goldstein, Fr. m. Schwester a. Namslan
Kemp, Hr. m. Gem. a. Stettin
Lenn, Hr. Kfm. a. Berlin
Hovens, Hr. Maler a. Berlin
Gerold, Fr. m. Tcht. a. Sachsenhausen

Zur Rose.

Döpnner, Fr. Gutsbes. m. Hr. Sohn a. Bahnan
Schultze, Hr. m. Gem. a. Stettin
Bachmann, Hr. Gutsbes. m. Frl. Tcht. a. Berlin
Schilling, Hr. m. Frl. Tcht. a. Berlin
Fradelius, Hr. a. Stettin
Hinsch, Frl. a. Hamburg
Weibezahl, Fr. m. Gesellsch. a. Magdeburg
Jäger, Hr. Stadtr. m. Gem. a. Waldenburg

Weisses Ross, Restauration.

Kuhn, Hr. Bierbrauer a. Grünstadt
Jacobsohn, Hr. Apoth. a. Bromberg

Kowalowsky, Hr. a. BROWNEWAY
Jacobi, Fr. m. Tcht. a. Frankfurt
Hannemann, Hr. Kfm. a. Stettin
Hartmann, Hr. a. Mannheim
Busch, Hr. Gutsb. a. Bottmersdorf

Hôtel Roth, Privat-Hôtel.

Schwarzkopf, Hr. Rendant a. Nauen
Jacobi, Hr. a. Nauen
Lomer, Hr. Advocat m. Gem. a. Passau
Reinbothe, Hr. a. Nordhausen
Fenton, Mrs. & Miss a. Irland
Marriot, Miss a. England
Spencer-Stanhope, Mrs. a. England
Isphording, Hr. Kfm. a. Attendorn
Hundt, Hr. Auct.-Com. a. Attendorn
Greinert, Hr. Rechn.-R. a. Nordhausen
Unger, Hr. Fabr. a. Gräfenenthal
Micket, Hr. Kfm. a. Attendorn

Villa Rupp.

Mentiplay, 2 Miss a. London
v. Wietersheim, Fr. R.-Gutsb. m. Frl. Tcht. u. Bed. a. Neuhof
v. Wietersheim, Frl. a. Torgau
Rabe, Hr. m. Gem. a. Potsdam
Ziegelmann, Hr. a. Kl. Seidlitz
Schonert, Hr. Stadtr. a. D. u. Stadtältester m. Fr. u. Frl. Tcht. a. Brandenburg
Italiener, Hr. a. Danzig.
Michaelis, Hr. Dr. Med.-R. m. Frl. Tcht. a. Magdeburg
Goldstein, Fr. m. Hrn. Sohn u. Frl. Tcht. a. Danzig
Berthold, Hr. Dr. Landger.-Ref. a. Elberfeld
Gottstein, Hr. Dr. pr. Arzt, Univ.-Doc. a. Breslau
v. Alten, Hr. Capit. a. Hannover

Russischer Hof, Gasthaus.

Nawinskoy, Hr. Kfm. a. Russland
de Bérance, Mad. m. Kind u. Bed. a. Petersburg
v. Bassine, Fr. Generalin a. Petersburg
Disch, Hr. a. Duisburg
Hagedorn, Hr. Kfm. a. Rheda
Holtz, Hr. a. Born
Schmierer, Hr. Kfm. a. Galatz
Petersen, Hr. a. Hamburg
v. Pannief, Hr. wirkl. Staatsr. a. Petersburg
Surk, Hr. Dr. Staatsr., Chef der Medicinalbehörde a. Warschau
v. Waldheim, Hr. Dr. a. Russland
Townend Hall, Mr. u. Mrs. m. Bed. a. England
v. Haveskerke, Hr. Baron m. Gem. a. Brüssel
dei Doria, Hr. a. Petersburg
Gow, Mrs. & Miss a. England
Trumann, Mr. & Mrs. a. New-York
v. Erlanger, Hr. Bar. u. Fr. Bar. m. Bed. a. Frankfurt
Brandes, Hr. m. Gem. a. Apolda
Keudell, Hr. m. Fam. a. Berlin
Hirsch, Hr. Stadtr. m. Fam. a. Danzig
Bresnig, Hr. Dr. Advocat m. Gem. a. Graz
Fiedler, Hr. Oeconom m. Gem. a. Eisleben

Villa Sans-Souci.

v. Eynern, Hr. a. Barmer
Meier, Fr. Dr. H. H. a. Bremen
Beneke, Frl. a. Bremen
Hausemann, Hr. Kfm. m. Gem. u. Bed. a. Amsterdam
Steckner, Hr. Banq. m. Gem. a. Halle
Schady, Hr. Kfm. m. Gem. a. Berlin
Spitzer, Hr. Kfm. a. Leitmeritz
Hiltrop, Fr. Geb. Ober-Just.-R. a. Berlin
Mischke, Fr. Oberst m. Bed. a. Berlin
Biban, Fr. m.
Béen, Frl. Ges. a. Stockholm

Sans-Souci.

v. Kessinger, Fr. a. Chennitz
Ozmidoiff, Mr. conseiller de cour m. Gem. a. Russland
Minette de Matthys, m. Frl. Tcht. a. Lüttich

Dreier, Hr. Pastor m. Gem. a. Mittelsbüren
v. Michalkowsky, Fr. Kathin a. Bremen

Sächsischer Hof.

Heder, Hr. a. Cassel
Zimmer, Hr. Kfm. a. Brumath
Gross, Hr. a. Strassburg i.E.
Schall, Hr. a. Paris

Schloss Schaumburg.

Hennig, Hr. a. Boppard

Hôtel Schäfer.

Heugelin, Fr. Reg.-R. a. Stuttgart
Witzgall, Hr. m. Gem. a. Kronach
Vuros, Mr. a. Paris
Kanzler, Hr. O.-Post-Cas.-Rend. a. Strassburg
Kintzel, Hr. Post-Dir. a. Strassburg
Rose, Hr. Gymn.-Conr. a. D. a. Hameln a/W.
Hake, Hr. Kfm. a. Bremen
Behne, Hr. Mühlenb. a. Zerbst
Christo Petro, Hr. m. Begl. a. Rumänien
Lidorkis, Hr. Sec. im Finanz-Minist. a. Athen

Villa Schönbrunn.

Ribbert, Hr. a. Limburg a. Lenne
de Klimenko, Mr. conseiller d'état actuel a. Petersburg

Lissmann, Hr. Fabr. a. Fürth
v. Nasarkin, Hr. m. Gem. a. Riga
Hildebrandt, Hr. a. Redentin
Heine, Hr. Kfm. a. Berlin
Schaps, Hr. Kfm. m. Fam. a. Breslau
Tessmann, Fr. a. Wismar
Hammer, Hr. Mühlenbes. a. Zerbst
Wolf, Hr. Fabr. a. Herxheim
Trägaardh, Hr. a. Schweden
v. Eichler, Hr. Colleg.-R. m. Frl. Tcht. a. Petersburg

Wolff, Fr. a. Herxheim
Hammer, Hr. Dr. Prof. a. Zerbst
Gronau, Fr. m. 2 Kindern a. Berlin

Goldener Schlüssel.

Briesemann, Mr. u. Mrs. m. Bed. a. London
Heller, Hr. Fabrikb. m. Gem. a. Berlin
Baur, Fr. Baumeist. m. Frl. Tcht. a. Zürich
Schuk, Hr. Fabr. & Hofdiel. a. Budapest
Schablikine, Hr. Geh.-R. a. Moskau
Sarage, Hr. m. Fam. u.
Frothurgam, Fr. Lehrerin a. Amerika
Brau, Hr. Pir. a. Hundisburg

Bei Jos. Schmitt.

Schuckert, Hr. a. Berlin
Wenzel, Hr. Hofpianist m. Gem. a. Hannover

Neue Schule.

Lahm, Hr. Oeconom a. Bingenheim i. d. W.

Bei Christian Schulz.

Thal, Hr. Bäckernstr. a. Quedlinburg
Hirschler, Fr. K. K. Reg.-Arzt a. Wien
Frank, Fr. a. Wien

Schützenhof, Gasthaus.

Engelke, Fr. a. Hannover
Hitskland, Hr. a. Schweden
Bergmann, Hr. a. Schweden
Haller, Hr. a. Vilbe
Sommerlad, Hr. a. Biebrich
Schäfer, Hr. a. Erfurt
Wiessner, Fr. a. Leipzig
Breil, Hr. Bierbr. u. Schiefergrubenbes. a. Mayen
Procondius Gorsky, Hr. Kammerj. Sr. Maj. des Kais. m. Gem. a. Petersburg
v. Hundelshausen, Hr. Offizier a. Cassel
Zingraf, Hr. Gutsb. a. Neustadt
Oppler, Hr. Bankdir. a. Breslau
Eckert, Hr. m. Begl. a. Leipzig
Vigier, Fr. Gräfin m. Bed. a. Paris

Zum Schwanen.

Teetzmann, Hr. Banq. m. Frl. Tochter a. Magdeburg
Neumeister, Hr. a. Alexandrien

Sundstin, Fr. m. Begl. a. Stockholm
Hartmann, Hr. m. Gem. a. Dingelstädt
Cohn, Hr. a. Agram
Fritzsche, Hr. Restaur. m. Gem. u. Kind a. Chemnitz
Bensemann, Fr. m. Fril. Teht. a. Berlin
Michaelis, Fril. a. Dönnitz
Heinemann, Fr. m. Fril. Teht. a. Hannover
Drei Schweizer.
Playne, Mr. & Mrs. m. Fam. u. Bd. a. England
Ditmar, Fr. m. Fril. Teht. a. Erfurt
Feuchtwanger, Fr. m. Tehtch. a. München
v. Myschetsky, Fürstin a. Petersburg
Gumpert, Hr. Magister a. Schweden
Schweizerthal Nr. 2.
v. Derschau, Hr. Baron a. Curland
Gervais, Mad. actrice a. Hamburg
Koch, Hr. Gutsbes. a. Russland
Wilhelmi, Hr. Oberamtmann a. Moissburg
Güttinger, Hr. m. Gem. a. Berlin
Schweizerthal 3.
Neubauer, Fr. m. Kind a. Paris
v. Veltheim, Hr. Baron Forstmeister u.
Holste, Fril. m. Bed. a. Ebsterf
Guttmann, Fr. m. Kind u. Bed. a. Lodz
Hôtel Soltau.
Kelternich, Hr. m. Gem. a. Cöln
Lukowitz, Fr. u. Fril. a. Paris
Soltau, Hr. m. Gem. a. Hamburg
Keimes, Fr. a. Rheidt
Trevelyan, Mr. a. Dublin
Harzheim, Hr. a. Gejen
Billmann, Hr. Kfm. m. Gem. a. Frankfurt
Ogle, Mrs. & Miss m. Bed. a. England
Ernst, Hr. m. Fam. a. Cöln
van de Water, Hr. a. Rotterdam
Spaa.
Stephan, Hr. Baumstr. a. Altwasser
Brilles, Fr. m. Söhnech. a. Bromberg
Thiemann, Hr. m. Fril. Teht. a. Stassfurt
de Gerlache, Mr. & Mad. a. Nivelles Belg.
Kröning, Hr. a. Lodz
Finken, Hr. Gutsb. a. Teufelsmoor
Finken, Hr. Oeconom a. Teufelsmoor
Prollius, Hr. Bergecomm. a. Hannover
Steinert, Hr. Kfm. m. Gem. a. Cöln
Sergiewsky, Hr. Ob.-Ing. m. Gem. a. Russland
Bei Louis Spriestersbach (Grabenstrasse)
Sänger, Hr. Lehrer a. Grieboldshansen
Burg Steir.
Exe. v. Grotenhelf, Fr. Gen. m. Pflgetcht.
v. Manstein, Fril. a. Russland
v. Maltzahn, Frhr. Gutsbes. m. Gem., geb.
v. Bulow a. Rothenmoor.
Bardenwerper, Hr. Kfm. a. Hamburg
Lavy, Hr. a. Hamburg
Sabinska, 2 Fril. Gutsbes. a. Gr. Küdde
Winzmann, Hr. Kfm. a. Cöln
Seutius geb. v. Braunschweig, Fr. a. Prenzlau
Engel, Fr. Hotelb. m. 2 Fril. Teht. a. Königsberg
Schauenburg, Hr. Kfm. a. Hamburg
Schneider, Fr. m. Bed. a. Berlin
Geiss, Fr. a. Berlin
Bei Wilh. Steuber.
Kollmar, Hr. Kfm. a. Besigheim
Sporkenburg, Gasthaus.
Peters, Hr. Kfm. a. Coblenz
Kritzler, Hr. Gastw. a. Limburg a/Lenne
Kortmann, Hr. Gastw. a. Limburg a/Lenne
Bimberg, Hr. Dr. phil. a. Lenninghausen
Sils, Hr. a. Altgruland
Stadt Stockholm.
v. Kopyloff, Fr. Staatsr. geb. v. Sanger m.
Söhnech. u. Bed. a. Warschau
Rohr, Fr. m. Tehtch. a. Harburg
Wefer, Hr. Kfm. a. Bracke
Westkott, Hr. a. Barmen
Naumann, Hr. Kfm. m. Nichte
Kohovsky, Fril. a. Lüban
Derr, Hr. a. Frankfurt

Stoizenburg.
Adam, Hr. Commissionär m. Gem. a. Berlin
Lange, Hr. Kfm. m. Gem. a. Berlin
Stoizenfels.
Hofmann, Hr. m. Gem. u. Fril. Teht. a. Berlin
Tweer, Hr. Hauptlehr. m. Gem. u. Hrn. Sohn
a. Barmen
Braun, Fr. Dr. med. a. Berlin
Blondeau, Hr. Unternehmer a. Hussigny
Stadt Strassburg, Gasthaus.
Umber, Hr. m. Gem. a. Laubenheim
Breunung, Fr. Schulinsp. a. Hersfeld
Köhler, Fr. m. Fril. Teht. a. Erfurt
Schumann, Fr. Dr. med. a. Zeit
Böttner, Hr. a. Erfurt
Fischer, Hr. a. Berneke
Kaufmann, Fr. m. Fril. Schwester a. Cöln
Richter, Fr. m. Fril. Schwest. u. Tehtch. a.
Chemnitz
Rudhard, Hr. Fabrikb. a. Offenbach
Denkert, Hr. Hofbuchb. a. Coblenz
Francke, Fril. a. Dresden
Orts, Hr. Gutsb. a. Issum
Kleppe, Fril. a. Bochum
Zumpt, Hr. Dr. phil. a. Berlin
Zeissig, Fril. a. Altenburg
Schreiber, Fr. O.-Med.-R. m. Fam. a. Eschwege
Taubä.
Moullart, Fr. Doctor a. Kurland
Burkewitz, Fr. a. Kurland
Mehlhorn, Hr. Com.-R. m. Gem. a. Freiberg
Hardt, Fr. Hauptm. m. Söhnech. a. Bensberg
v. Funcke, Hr. Gutsb. m. Gem. a. Dosen
Rheinfels, Hr. a. Hannover
Tausus.
Exe. v. Rüdiger, Fr. Graf. m. Dnsch. a. Russland
Füller, Hr. m. Gem. a. Zeit
Diessel, Fr. m. Hrn. Sohn a. Lauenburg
Fieburg, Fr. a. Königsberg
Krippendorf, Hr. Kanzleir. a. Siegen
Niche, Hr. Apotheker m. Fr. a. Breslau
Oppenheimer, Hr. a. Cöln
Cahn, Hr. a. Liuz
v. Jena-Cöthen, Hr. Major m. Fam. u. Bed.
a. Cöthen
v. Schulenburg, Hr. Graf. Bd. a. Altenhausen
Fölzer, Hr. Fabr. m. Gem. a. Siegen
Bei J. Thalheimer.
Frank, Hr. Kfm. a. Nordhausen
Goldene Traube, Gasthaus.
Voëge, Hr. Kfm. a. Bremen
Rudemann, Hr. a. Waghäusel
Auler, Hr. Fabr. a. Pforzheim
Saloschin, Fr. m. Begl. a. Kosten
Katz, Hr. a. Eldagsen
Liepe, Fr. Gutsb. m. Fril. Teht. a. Goblitz
Teutonia.
Schmidt, Hr. Rechn.-R. m. Fril. Nichte a. Erfurt
Voigtmann, Hr. Bmstr. a. Guben
v. Goldenberg, Fr. a. Königsberg
Valencia.
Ayren, Hr. Prediger a. Schweden
Landerossen, Hr. Prediger a. Schweden
Vichy.
Müller, Fr. m. Gesellsch. a. Leipzig
Poetschke, Fr. Fabrikb. a. Kursk (Russland)
Reik, Hr. Kfm. a. Raab
Giesler, Fr. a. Siegen
Dörmann, Hr. Rendant a. Dortmund
Victoria.
Rusche, Hr. Kaufm. a. Magdeburg
Reinecke, Hr. m. Fam. u. Dnsch. a. Petersburg
Gräfe, Fr. a. Dresden
Flagel-Haller, Fr. a. Bern
Hustig, Hr. m. Gem. a. Dresden
Pauzig, Hr. Kfm. a. Dresden
Krahel, Hr. Fabr. a. Habelschwerdt
Marx, Hr. a. Habelschwerdt
Gottschalk, Hr. Kfm. a. Bernburg

Zum grünen Wald.
van der Haagen, Hr. a. Amsterdam
Pek, Hr. a. Amsterdam
Alexejew, Hr. Student a. Dorpat
Nehry, Hr. Schulinsp. a. Halberstadt
Waldschlösschen
Sonntag, Hr. Telegraphist a. Czerwinsk
Badehaus und Privat-Hôtel
zum Prinz von Wales & Römerbad.
Sr. Exe. Graf Karolyi, K. K. Oestr. Ungar.
Botschafter m. Bed. a. Berlin
Burdett-Robberts, Mr. u.
Robberts, Mrs. a. England
Pallavicini, Hr. Markgraf Oester.-Ungar.
Botschafts-Attaché a. Berlin
v. Platen, Hr. a. Schweden
Hossaner, Fr. Geh.-R. a. Berlin
Ihre Exe. Maksimovitch, Gener. m.
Koposoff, Fril. u. Bed. a. Petersburg
Hüttel, Hr. Stadthalter m. Gem. a. Leipzig
v. Gerhard, Fr. m. Fam. u. Bed. a. Coblenz
Kochly, Mad. u.
Dobrosselsky, Mad. m. Bed. a. Petersburg
Meckel, Hr. m. Gem. u. Fril. Teht. a. Elberfeld
Lopatine, Hr. m. Gem. a. Petersburg
Seckendorf, Hr. m. Gem. u. Fril. Teht. a.
Nürnberg
Nehrkorn, Hr. Amtm. a. Riddagshausen
Pflüger, Hr. Gen.-Cons. a. Bremen
le Marschand, Mr. Attaché à l'Ambassade
de France m. Dnsch. a. Berlin
Schneider, Fr. Criminalr. a. Wiesbaden
van der Meer, Hr. m. Fr. a. Haag
Gerhardt, Fr. m. Eukelin a. Annaberg
v. d. Goltz, Hr. Bar. m. Fr. Schwester, Kind
u. Bed. a. Berlin
v. Kolessoff, Hr. K. Russ. wirkl. Staatsr. a.
Petersburg
v. Schreckentfels, Hr. Hofr. a. Moskau
Karl v. Küster, Hr. Baron wirkl. Geh.-R. u.
Otto v. Küster, Hr. Baron a. Petersburg
Pflüger, Hr. Kfm. a. Honolulu
Binet, Mad. a. Genf
Peyrat-Petit, Mr. u. Mad. a. Genf
Se. Exe. Dr. Haynald, Erzbischof von Kalocsa,
Kais. Kgl. wirkl. Geh.-R. m. seinem Hof-
geistl. Hrn. Dr. Varosy m. Bed. a. Kalocsa
in Ungarn
Bräutigam, Fr. m. Fril. Teht. u. Bed. a.
Petersburg
Apponyi, Fr. Gräfin, geb. Gräfin Staray,
Sternkreuz-, Ordens- u. Palast-Dame I. M.
der Kais. v. Oester. m. Bed. a. Wien
v. Morgoli, Fr. m. Kind u. Bed. a. Petersburg
Clemow, Mr. Banq. m. Mrs. a. England
v. Küster, Fr. Bar. a. Petersburg
Exe. v. Gérébnow, Cerem.-Mstr. S. Maj. des
Kais. v. Russland m. Gem. u. Dnsch. a.
Petersburg
Werner, Fr. a. Dresden
Jakoboff, Hr. Kfm. a. Russland
Alonkin, Hr. Kfm. a. Russland
Laufs, Hr. a. M.-Gladbach
Wartburg.
Gottwald, Hr. Kfm. a. Prag
Unger, Hr. Stationsvorst. d. Kgl. Ostbahn
a. Schönesee
Zum Weidenbusch.
v. Bibow, Hr. Lector m. Fr. a. Potsdam
Jany, Fril. a. Königsberg
Weilburger Hof, Gasthaus.
Hart, Hr. Kfm. a. Amsterdam
Nagel, Hr. a. Altona
Kühn, Hr. Kais. Oberförst.-Cand. a. Strassburg
Bolle, Hr. Stenereinn. a. Bochum
Linke, Fr. Gen.-Super. m. Begl. a. Wolfenbüttel
Gerhard, Fr. m. Enkelin a. Annaberg
Wichmann, Hr. Dir. a. Lübeck
Müller, Hr. Landwirth a. Rittergut Paris-
Wendemark
Hilber, Hr. Landwirth u. Gen. a. Wittenberg

Im Weiburger Hof. Neuangebaute.

Böhnen, Hr. a. Scheidt
Schöne, Fr. Ingen. a. Breslau
Stadt Wiesbaden.
Nilson, Hr. Kfm. a. Christiaua
v. Ohlen-Adlerskron, Fr. m. Kindern u. Bed.
a. Berlin
Schleltow, Hr. Geh. Com.-Rath m. Gem. u.
Bed. a. Stettin
Cuénod de Joffrey, Mr. & Mad. a. Vevey
Behrend, Fr. m. Gesellsch. a. Berlin
Lewisson, Fr. m. Fr. Tcht. a. Berlin
Scherz, Hr. Kfm. a. Gr.-Kanisa
Loris Melikoff, Aide de Camp Gén. de S. M.
l'Empereur de Russie m. Bed. a. Petersburg
Lewerenz, Fr. m. Nichte a. Bresin
Bocklen, Fr. m. Fr. Tcht. a. Heilbronn
Nabbat, Hr. Fabr. m. Fr. Tcht. a. Gr.-Särbchen
Oelsner, Hr. Kfm. a. Breslau

Villa Wilhelma.

Eckstein, Fr. Lehrerin a. Limbach

Wilhelmsburg

The Honble Dalrymple, Mrs.,
Dalrymple, Miss &
Dalrymple, Esqr. m. Dnsch. a. England
Bright, Mrs. m. Ges. a. Rochdale England
v. Evreynoff, Mad. m. Kind u. Bed. a. Peters-
burg
Heath, Mrs. a. London
Oedmansson, Hr. Gutsbes. a. Schweden
Meine, Hr. a. Hannover
Natermann, Hr. Ingen. a. Münden
Zickendraht, Hr. Färb.-Bes m. Gem. a. Hersfeld
Abresch, Hr. m. Gem. a. Havre
Glindemann, Fr. Amtsrentnstr. m. Fr. Tcht.
a. Gifhorn
Behrens, Hr. a. Manchester
Prinz Wilhelm.
Schwenniger, Fr. a. Nienburg a/W.
Geibel, Hr. a. Berlin
Crone, Hr. m. Fr. Tcht. a. Bonn.
Geiser-Geiser, Hr. Kfm. a. Langenthal
Bässler, Fr. Kfm. a. Altenburg
Bechstein, Fr. Fabr. a. Altenburg
Köhler, Fr. Fabr. a. Altenburg
Wienerhof.
Fischer, Hr. Geh. Justizr. a. Marienwerder
Kessler, Hr. Pastor u. Schulinsp. a. Lesbeck

V. Busch, 1883.

Mühisteiff, Hr. Hüttenassistent v. Godullabütte
Prager, Hr. Kfm. a. Görlitz
Schellenträger, Hr. a. Görlitz
Ellis, Miss a. Edinburgh
Jolschin, Hr. m. Fam. a. Russland.
Bolzan, Hr. Kfm. a. Heiligenstadt
Schreiber, Hr. Insp. a. Ober-Heiduck
Tschuschke, Hr. Kfm. a. Görlitz
Weber, Hr. Brauereibes. a. Wittenberg
Woort, Hr. Kfm. a. Annaberg
Littmann, Hr. Kfm. a. Breslau

Hôtel Wolf.

Grodzensky, Fr. m. Fr. Tcht. a. Kowno
Ben Towin, Mad. a. Kowno
Grunwald, Hr. a. Hull
Schick, Hr. a. Leipzig
Simon, Hr. a. Trier
Strauss, Hr. a. Elberfeld
Singer, Hr. Obercantor a. Nürnberg
Dauziger, Mr. u. Mrs. a. Bradford
Woog, Fr. a. Creuznach
Jonas, Hr. m. Gem. a. Neisse
Spier, Fr. a. Geldern
Niederhofheim, Hr. Dir. der öster. Cred.-B.
a. Wien
Kaufmann, Hr. a. Constanz
Rosenberg, Hr. Kfm. a. Bielefeld
Haarbleicher, Fr. a. Hamburg
Spyer, Hr. m. Gem. a. Amsterdam
Cohn, Fr. m. Fr. Tcht. a. Ratowitz
Goldstein, Hr. a. Sandersleben
Strauss, Hr. m. Gem. a. Trebur
Rosenthal, Hr. a. Bielefeld
Guckenheim, Hr. a. Schweiz

König und Kronprinz von Württemberg.

v. Reiche, Fr. a. Dobbartin
van der Wiel, Hr. a. Arnheim
v. Guérard, Hr. Kaiserl. Eisenbahn-Dir. a.
Strassburg i/E.
Frank, Fr. a. Ludwigsburg
Martini, Hr. m. Gem. a. Erfurt
Menzen, Hr. Notar a. Saarlouis
Raschle, Fr. a. Schweiz
Sahlender, Fr. m. Fr. Tcht. a. Erfurt
v. Schwerin, Hr. Frhr. Gutsb. a. Schweden
Strauss, Hr. a. Frankfurt
Buchmann, Hr. Rechn.-R. a. D. a. München

Kohr, Hr. Com.-H. m. Gem. a. Charlottenburg
Reh, Hr. Prem.-Lieut. a. Posen
Maass, Hr. Kfm. a. Berlin
Lippmann, Hr. Kfm. a. Hamburg
Schnabel, Hr. Kfm. m. Gem. a. Cöln
Grill, Hr. Oberstlt. m. Gem. a. Schweden
Pfuhl, Hr. Rector a. Pr. Schlesien
v. d. Marwitz, Hr. Rittmstr. a. Erfurt
Geibel, Hr. Kfm. a. Leipzig
v. d. Osten, Hr. Gutsbes. m. Fam. u. Bed. a.
Jannowitz
Horn, Hr. a. M.-Gladbach
Horn, Fr. a. M.-Gladbach
Lindau, Hr. Major a. D. m. Gem. u. Sönnch.
a. Berlin
Werner, Fr. m. Ges. a. Berlin
Schmidt, Hr. m. Gem. a. Kaiserlautern
Dubois de Luchet, Fr. m. Hrn. Sohn a. Mainz
Ritter, Fr. Majorin a. Mainz
Dubois de Luchet, Hr. a. Mainz
Israel, Hr. Kfm. a. Hamburg
Degener, Hr. Rittergutsbes. m. Gem. a.
Wernigerode
Hertzog, Hr. Schirmfabrik. a. Leipzig
Schulze, Hr. a. Erfurt
Selke, Hr. a. Hamburg
Dreyer, Hr. Kfm. a. Bielefeld
v. Kleist, Hr. Major a. D. a. Stolp
Thüle, Hr. Kfm. m. Gem. u. Fr. Nichte a.
Oldenburg
v. Kleist, Hr. Major a. D. a. Darmstadt
v. Blomberg, Hr. Oberstlt. a. Darmstadt
L. Epping, Hr. Kfm. a. Bielefeld
J. Epping, Hr. a. Bielefeld
Peters, Fr. m. Fr. Tcht. a. Berlin
Schoulenburg, Fr. Gräfin m. Hrn. Sohn a.
Russland
Lorenz, Hr. Kfm. a. Edenkoben

Im Armenbad.

Bis jetzt sind im Ganzen anwesend 45 Pers.
Davon sind Inländer 28
" " Ausländer 17

Zahl der Kurgäste .	3779	5626
" " Passanten .	1874	
" " Abgereisten		973

Durchgereiste.

Königliche Kurgebäude.
Fr. Raffauf a. Coblenz.
Darmstädter Hof, Gasthaus.
Fr. Schüll, Fr. Boudon, Fr. Anthes-Schenten
u. Fr. Schenten m. Fr. Tcht. a. Wiesbaden.
Englischer Hof und Fürstenhof, Gasthaus.
Mrs. u. 3 Misses Stevenson m. Dnsch. a.
England. Mr. Varasseur a. Paris. Hr.
Quintus m. Fam. a. Amsterdam. Hr. Dyk
a. Amsterdam. Hr. Humbert, Hotelbes. m.
Gem. a. Frankfurt. Hr. Brand m. Fam. a.
Berenburg. Hr. Riess a. Berlin. Hr. Dahm,
Fabrikbes. a. Magdeburg. Hr. Schulz u.
Hr. Böse a. Cöln. Hr. Fischer a. Frankfurt.

Hr. Larkhe a. Düsseldorf. Hr. Lang a.
Cöln. Hr. Barlet a. Bamberg.
Hôtel Gutt nberg.
Hr. Schulze, Pastor a. Bevern. Hr. Krohn
a. Lübeck. Hr. Gallo a. Kreuznach. Hr.
v. Vanténioff, Edelmänn a. Petersburg. Hr.
Stadler a. Augustenthal. Hr. Poster a.
Elberfeld. Hr. v. d. Heyden m. Fr. a. Berlin.
Fr. Brohl a. Bonn. Fr. Winnetz a. Bennis-
heim. Hr. Hassel, Kfm. a. Elberfeld. Hr.
Kuhn, Kfm. a. Elberfeld. Hr. Meister Kfm.
u. Hr. Hannemann a. Stettin. Hr. Lohl,
Kfm. a. Elberfeld. Hr. Kathof, Kfm. a.
Leipzig. Hr. Bracken a. Helsingfors. Hr.
Helmquet a. Finland.

Gasthaus zu den vier Jahreszeiten.
Hr. W. Schlamp m. Gem. u. Hr. J. Schlamp,
Kfm. a. Nierstein. Hr. Moser m. Fam. a.
Aachen. Hr. Pets m. Fr. a. Breda. Hr.
Dobberstin m. Fr. a. Hamburg. Hr. Fleck
a. Düsseldorf. Mr. Wiener a. Brüssel. Mr.
Micard a. Fleurus. Mad. u. Mlle. de Mon-
ravieff-Apostal a. Russland. Mr. u. Mrs.
Oskamp a. Cincinnati.

Schützenhof.

Hr. Mertens m. Gem. a. Kempen.

Zahl der durchgereisten Fremden 1782

Badehaus der König Wilhelms-Felsenquellen.

Trinkquellen Victoria-, Augusta- und Eisenquellen.

Elegante Bäder, gespeist aus der Wilhelmsquelle (34° R.).

Brausen, Strahl- und Uterusdouchen. Vollständige Kaltwasser-Behandlung (Hydrotherapie).

Inhalatorium nach neuem System eingerichtet zur Einathmung warmen (im Staub bis +30° R.) und lauen zerstäubten Mineralwassers.

Bureau und Eingang: Europäischer Hof, gegenüber den Colonnaden.

Die Administration der König-Wilhelms-Felsenquellen.

Quehl, Director.

Behörden.

Königl. Kur- und Bade-Polizei-Commissariat:
Hr. Kammerjunker v. Lepel, Königl.
Bade-Commissar,
Privatwohnung Villa Diana.
Hr. Bornheim, Königl. Polizei-Inspector,
im Hause „Stadt Algier“, Lahnstrasse 20,
Nr. 2 parterre.

Polizeibureau daselbst Nr. 1, parterre.
Bureaustunden von 10—12 Uhr Vormittags

Königl. Amtsgericht
im Hause Prinz Wilhelm in der Römerstr. 69.
Hr. Ober-Amtsrichter Thewalt.

Bürgermeister-Amt:
Römerstrasse Nr. 52.
Hr. Bürgermeister Brodzina.

Königliche Hospitalbad-Commission.
Director: Hr. Geh. Sanitäts-Rath Dr. Orth.
Hospitalverwalter: Hr. Loos.

Provisorische Kur-Commission.
Vorsitzender: der Landrathsamts-Verwalter
Hr. Regierungs-Assessor Rolshoven zu Diez.
Stellvertr. Vorsitzender: Herr Kammer-
junker v. Lepel. Königl. Badecommissar.
Mitglieder: Herr Badeinspector Müller,
Herr Eschenbrenner,
Herr Carl Balzer.

Kaiserl. Post-Anstalten.
K. Postamt im Darmstädter Hof.
Stellvertretender Postdirector: Hr. Post-
inspector Thusus.
Die Annahme- u. Ausg.-Schalter sind geöffnet:
a. an Werktagen v. 7—1 Vorm. & 2—8 Nachm.
b. an Sonntagen v. 7—9 „ 5—8 „
K. Stadt-Postagentur (3 Schweizer)
Brief-Annahme v. 7—1 Vorm. u. 2—6 Nachm.

Kaiserl. Telegraphen-Station im Darmst. Hof:
Geöffnet Tag und Nacht.

Königl. Eisenbahn-Verwaltung
Stations-Vorstand: Hr. Sosenheimer.

Königl. Unter-Steuer-Amt
Grabenstrasse Nr. 1:
Hr. Steuer-Einnehmer Jung.

Königl. Bade- und Brunnen-Verwaltung
im unteren Stocke des Commissariatsgebäu-
des, dem Kesselbrunnen gegenüber:
Bureaustunden von 8—12 Uhr Vormittags,
3—6 „ Nachmitt.
Vorstand der Bade- u. Kurhaus-Verwaltung:
Hr. Bade-Inspector Müller.
Vorstand der Brunnen-Verwaltung: Hr.
Brunnen-Inspector Blum.

Geistliche:
der evangelischen Kirche:
Herr Pfarrer Voemel,
Herr Pfarrer Moser;

der katholischen Kirche:
Herr Pfarrer Junk, „Mainzer Haus“.
Herr Caplan Königstein, „Flora“.

der englischen Kirche:
Rev. W. G. Parminter.

Israelitische Gemeinde:
Herr Rabbiner Dr. Hochstädter.

Höhere Bürgerschule
Hr. Rector Wagner.

Practicirende Aerzte

nach alphabetischer Ordnung.

Hr. Dr. Cohn, pract. Arzt, Brunnen- und
Badearzt.
Wohnung: „Prinz Albert“ oberhalb der
alten Post in der Nähe des Königl.
Polizei-Commissariats.
Sprechstunden: Morgens 7—9 Uhr.
Nachmittags 3—5 Uhr.

Hr. Dr. Döring, pract. Arzt, Brunnen- und
Badearzt.
Haus: „Kaiserkrone“ Römerstr. 23, gegen-
über der neuen Wandelbahn.
Ordinationsstunden: Vormittags 8—10 Uhr.
Nachmittags 4—5 1/2 Uhr.

Hr. Dr. Geissé, Sanitäts-Rath, Brunnen- u.
Badearzt. Haus „Kaiser Karl“.
Consultation:
8 1/2—10 a. m., 4—5 1/2 p. m.

Hr. Dr. Goltz, pract. Arzt, Brunnen- und
Badearzt, im Winter in San Remo, Italien.
Sprechstunden: Morgens 7 1/2—9 Uhr,
Nachmittags 4—5 Uhr.
in seiner Wohnung: „Stadt Lüttich“ bei
den 4 Thürmen.

Hr. Dr. Grossmann, Hofrath und Königl.
2ter Brunnen- u. Badearzt, Arzt in Cannes.
Sprechst.: Morg. v. 7—8 1/2 Uhr, Nachm.
v. 4—5 1/2 Uhr in seiner Wohnung im unteren
Flügelbau des Königl. Kurhauses Nr. 71.

Hr. Dr. Guttentag, Königl. Sanitäts-Rath,
Brunnen- u. Badearzt.
Wohnung: Deutsches Haus vor den 4
Thürmen.
Sprechstunden: Morgens 7—9 Uhr,
Nachm. 3—5 Uhr.

Hr. Dr. Lange, pract. Arzt, Brunnen- und
Badearzt. Sprechstunden: Morgens 8—10
und Nachm. 3—5 Uhr in seiner Wohnung
„Hôtel Ritzmann“, gegenüber dem Bahnhof.

Hr. Dr. Nolda, pract. Arzt, Brunnen- und
Badearzt. Sprechstunden: In seinem Hause
„Carlsbad“, gegenüber d. 4 Thürmen, Mor-
gens v. 8—9 Uhr, Nachmittags v. 4—5 Uhr.

Hr. Dr. Orth, Königl. 1ter Brunnen- und Bade-
arzt u. Geh. Sanitäts-Rath. Sprechstunde:
Morgens von 7—9 Uhr im herrschaftl.
Kurhause, Lahnau Nr. 49; Nachmittags
von 4—6 Uhr in seinem Hause „Nizza“,
bei den 4 Thürmen.

Hr. Dr. Panthel, Königl. Sanitäts-Rath,
Brunnen- und Badearzt. Zu sprechen
Morgens von 8—10 Uhr, Nachm. von 3—4
Uhr in seiner Wohnung „Helgoland“ beim
Bahnhof.

Hr. Dr. Prussian a. Odessa, pract. Arzt,
Brunnen- und Badearzt. Wohnung: Ber-
liner-Hof Parterre Nr. 1.
Sprechstunden: Morgens 8—10 Uhr,
Nachmittags 4—6 Uhr

Hr. Dr. Reichert, pract. Arzt, Brunnen-
und Badearzt. Sprechstunden in seiner
Wohnung: Haus Rigi, Römerstrasse 53
Parterre Morgens 7 1/2—10 und Nachmit-
tags 3—5 Uhr.

Hr. Dr. Vogler, pract. Arzt, Brunnen- und
Badearzt. Haus: „Zum Herzog von
Nassau“, Römerstrasse 25, gegenüber der
neuen Trinkhalle
Sprechstunden: Morgens 7 1/2—9 Uhr,
Nachmittags 4—5 1/2 Uhr.

Hr. Wenckenbach, pract. Arzt, Brunnen- u.
Badearzt. Zu sprechen: Morgens v. 8—10
Uhr, Mittags v. 3—5 Uhr in seiner Wohnung
„Römerberg“ in der Nähe der 4 Thürme.

Hr. Dr. Wuth, pract. Arzt, Brunnen- und
Badearzt. Sprechstunden: Morg. von 8—9
Uhr, Nachmittags von 4—6 Uhr in seiner
Wohnung „Freiburg“, bei der Alten Post.

Sonntag Nachmittag fallen die Sprechstunden bei allen Aerzten aus.

Prinz von Wales.

Römerquelle (35.6° R.).

Römerbad.

Comfortable Badeeinrichtung (Marmorbäder) mit Wärmeapparaten.

Bureau und Eingang: **Römerbad und Prinz von Wales**, gegenüber dem Kurhause.

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 Hoast, Dänemark St. Basel
 Heckel, St. Johann Pr. Eugen
 Hesse, Weener Deutscher H.
 Hauer, Düsseldorf Ludwigshöhe
 Hippe, Wesel Ludwigshöhe
 Hannemann, Stettin Weiss. Ross
 Hartmann, Mannheim W. Ross
 v. Hundelshausen, Cassel Schützenh.
 Holste, Ebstorf Schweizerth. 3
 Hart, Brüssel H. France
 v. Hinkeldey, Naumburg Idylle
 Hasse, Lübeck Pariser Hof
 Hellseld, Russland Monaco
 Heller, Berlin C. rliner Hof
 Heller, Bromberg Bernstein
 Hiller, Berlin Bremer Hof
 Hartmann, Bülzheim Johannish.
 Hammer, Zerst V. Schönbrunn
 Haarbleicher, Hamburg H. Wolf
 Holmquist, Helsingfors Carlsbad
 Hampel, Oels Johannish.
 Hindricks, Lingen Langenau
 Haase, Detmold H. Ritzmann
 Heyland, Stolp H. Ritzmann
 Honeyer, Stolp H. Ritzmann
 Hirsch, Danzig Russ. Hof
 Heinemann, Hannover Schwanen

Illico, Petersburg Alte Post
 Iglish, Weissenfels 3 Reichskron.
 v. Illyne, Petersburg G. Kreuz
 Isaacs, Hamburg St. Brüssel
 Israel, Hamburg K. v. Württemb.
 Iwanowska, Russland Maximilian
 I-phording, Attendorn H. Roth
 Jay, Frankfurt Lüttich

Joukowsky, Petersburg V. Dreis
 Johnen, Kaarst Langenau
 Jentzsche, Dresden Kurh.
 Johnstone, England Kurh.
 Jahn, Stettin H. Guttenberg
 Jacobi, Vechta Schl. Johannisbg.
 Jansa, Berlin K. v. Württemberg
 Jacobsohn, Bromberg Weiss Ross
 Jankoff, London Albion
 Jürgens, Magdeburg H. Flandre
 Juppert, Stettin Guttenberg
 Jürgens, Petersburg Johannisberg
 Jessen, Norwegen Kurhaus
 Jolschin, Russland Windsor House
 John, Colberg Kaiser Adolph
 Jürgens, Braunschweig V. S. Georg
 Jonas, Neisse H. Wolf
 Johnson, England Engl. Hof
 Juoker, Erfurt B. Falkenstein
 Josephson, Lüdenscheid Carlsruhe
 Jelagin, Curland Pr. Karl
 Jaylor, Paris H. Godecke
 Juscovitsch, Petersburg Guttenb.
 Jentzsch, Halle Biarritz
 Jäger, Waldenburg Zur Rose
 Jacobi, Frankfurt Weiss. Ross
 Jawitz, Warschau Europ. H.
 Joukowsky, Petersburg V. Dreis
 v. Jena-Cöthen, Cöthen Tannus
 Johann, Hückeswagen Gutenb.
 Jost, Aschersleben Löwen
 Janke, Breslau Belle Alliance
 Jablonowska, Paris Carlsbad
 Jakoff, Russland Pr. v. W.
 Jany, Königsberg Weidenbusch

v. Konowoff, Petersburg London
 Kalinovsky, Petersburg St. Lüttich
 v. d. Kneesebeck, Berlin Europ. H.
 v. d. Kneesebeck, Carwe Europ. H.
 Kelternich, Cöln H. Soltan
 Kroschel, Arnstadt K. Alexander
 van Kempen, Hoorschten 4 Jhrz.
 Kortwich, Berlin Langenau
 Koutousoff, Russland Pyrmont
 Klotz, Danzig Ludwigshöhe
 v. Kahlen, Livland V. Balzer
 v. Kessinger, Chemnitz V. S. Souci
 Klöpfel, Nürnberg Löwen
 v. Kopyloff, Warschau Stockholm
 Kührtze, Cöln Pariser Hof
 Kleemann, Recklinghausen Alem.
 Kettelhack, Recklinghausen Alem.
 Kopeke Altenbruk G. Lamm
 Karthaus, Barmen Darmst. H.
 Kralund, Kolding Bremer Hof
 v. Kolotschhoff, Moskau St. London
 Keil, Senftenberg St. Basel
 de Klienemko, Petersburg Schönbr.
 Kaufmann, Langenthal Langenau
 Kamp, Düsseldorf V. Monrepos
 Kurd, Kredenbourg St. Innsbruck
 Kamberger, Berlin Bair. Hof
 Kochly, Petersburg Pr. v. Wales
 Köhler, Erfurt St. Strassburg
 Kathmann, Leipzig Langenau
 Kessler, Linder Pr. Karl
 Konopacki, Coblenz Darmst. H.
 v. König, Münster Darmst. H.
 Karthaus, Barmen Darmst. H.
 Kahlenberg, Halle Langenau
 Kamarowsky, Russland Monrepos
 Kauschmann, Petersburg Pfalz
 Küster, Hamburg V. Reale
 Kiparsky, Stuttgart Russ. Hof
 Keimes, Rheydt H. Soltan
 Kabel, Cüstrin H. v. Holland
 Kiparsky, Livland H. Reuter
 Kuhn, Grünstadt Weiss. Ross
 Krüger, Riga H. Flandre

Krievnussen, Bremen Hohenzol.
 Kaiser, Leipzig Luzern
 Kemper, Amsterdam Pariser Hof
 Kühn, Strassburg Weibg. Hof
 Königsberger, Dietz Löwen
 Kanzler, Strassburg H. Schäfer
 Kintzel, Strassburg H. Schäfer
 Koch, Russland Schweizerthal 2
 Karoly, Berlin Pr. v. Wales
 Klein, Lenep Langenau
 Karlbaum, Hannover Langenau
 Krämer, Mainz Luzern
 Klingebell, Hildesheim Langenau
 Kampe, Reutlingen St. Moskau
 v. Kablonoff, Petersburg London
 Klein, Brandenburg Villa Nova
 Köttgen, Dortmund Villa Nova
 Krippendorf, Siegen Tannus
 Kleintert, Cöln Coblenzstr. 29
 Kaufmann, Berlin Guttenberg
 v. Knorring, Lievland Monrepos
 Katz, Posen Rheingau
 Krüger, Grünberg H. France
 v. Kaula, Illreichen H. France
 v. Karska, Warschau Monrepos
 Köhler, Altenburg Pr. Wilhelm
 Kronthal, Posen 3 Reichskronen
 Kunath, Dresden Darmst. H.
 Kettelback, Dorsten Alemannia
 Kennedy, England Lahnau
 Katz, Eldagsen Gold. Traube
 Kemp, Stettin Rosengarten
 Krüger, Saalfeld Jungenheim
 Klee, Langenau Jungenheim
 Kessler, Wien Kaiser Adolph
 Kratsch, Altenburg Albion
 Köchlin-Gaigy, Basel Adler
 Kollmar, Besigheim Will. Stenber
 Kaufmann, Cöln St. Strassburg
 Kümlau, Trier Friedrichsb.
 v. Kessler, Cöln Weisses Haus
 Königsberger, Breslau G. Kette
 Kunkell, Nordhausen V. Kuhn
 Kanzki, Berlin Kurhaus
 Koch, Berlin Kurhaus
 Koch, Berlin Kurhaus
 Kessel, Lyon San Remo
 Krahel, Habelschwerdt Victoria
 Kessler, Lesbeck Wiener Hof
 Krause, Wiesbaden Gold. Lamm
 Kasch, Lübeck H. Guttenberg
 Klemens, Straubing Heydenreich
 Körsi, Graz 4 Jahreszeiten
 Kolckmann, Petersburg San Remo
 v. Kolesoff, Petersburg P. v. W.
 v. Küster, Petersburg P. v. W.
 Knipper, St. Johann Prinz Eugen
 Karsten, Jungfer O.-Pr. Pr. Eugen
 Krause, Berlin St. Frankfurt
 Kästner, Dresden B. Gutenfels
 Kaufmann, Paris H. Ritzmann
 Kowalowsky, Inowrazlaw W. Ross
 v. Künemann, Hannover London
 Kleppe, Bochum St. Strassburg
 v. Küster, Petersburg P. v. W.
 v. Kouschaxewitch, Petersb. D. H.
 Kaiser, Hamburg Gold. Lamm
 Krumbholz, Petersburg H. France
 Kopp, Hanau H. Godecke
 Kahane, Warschau Gold. Kette
 Kündinger, Nürnberg Rolandseck
 Kahane, Berlin Römischer Kaiser
 Kröwin, Lodz Spaa
 Krämer, Berlin K. Adolph
 Kruse, Saarburg Ludwigshöhe
 Koch, Bernburg Ludwigshöhe
 Killian, Antwerpen V. Nova
 v. Kleist, Stolp K. v. W.
 Kessler, Paris Kurhaus
 Kohl, Cöln Belle Alliance

Kautmann, Constant H. Wolf
 Kendell, Berlin Russ. Hof
 Kreisel, Habelschwerdt Rheingau
 v. König, Elbing V. d'Alger
 v. Kleist, Darmstadt K. v. W.
 Koch, Osnabrück Johannisberg
 Kraus, M.-Gladbach Eichelstein
 Kadisch, Graudenz Berliner Hof
 v. Knobelski, Gr.-Glogau Borussia
 Kraft, Oberradenstein Darmst. H.
 Karlmann, Schellen Ludwigsthal
 Krohn, Lübeck Pariser Hof
 Koppelman, Schuttorf Alliance
 Kratochwill, Posen V. Reale
 Kahle, Senftenberg St. Basel
 Krizler, Darmstadt H. France
 Krantz, Leyden Engl. Hof

v. Lysander, Wiesbaden Bair. H.
 v. d. Leenn, Haag H. Guttenberg
 de Leskoff, Petersburg Pfalz
 v. Livonius, Reichenau Badisch. H.
 Lentz, Polen Alte Post
 Lomer, Passau H. Roth
 Lunth, Carlsbamm Deutsches H.
 v. Ludwig, Breslau Langenau
 v. Lieven, Moskau V. Monrepos
 Lukowitz, Paris H. Soltan
 Löwy, Eger Stadt Cöln
 v. Lindheim, Berlin St. London
 Lütke, Remscheid Bavaria
 Lewis, San Francisco Idylle
 Lavy, Hamburg Burg Stein
 Liebreich, Rom V. d'Alger
 Lintner, Regensburg Rolandseck
 Lehweiss, Petersburg Adler
 v. Leonhardi, Darmst. H.
 Lapp, Magdeburg Kurh.
 Lehmaier, Newyork Pyrmont
 v. Lwoff, Russland Pyrmont
 Lopatine, Petersburg Pr. v. Wales
 Ludw. z. Battenburg, England 4 Th.
 v. Latchinoff, Petersburg Deut. H.
 Löwe, Dresden Schl. Johannisb.
 Linden, Cöln Ludwigshöhe
 Lüdtkke, Jüterbok Ludwigshöhe
 Lissmann, Fürth V. Schönb.
 Lahm, Bingenheim N. Schule
 Lewisson, Berlin St. Wiesbaden
 Lanis, Weida Rolandseck
 Lentsch, Leipzig San-Remo
 Lindensædt, Berlin Bair. Hof
 Lejeune, Paris V. Nova
 Lauth, Frankfurt Johannisberg
 Lippmann, Hamburg K. v. Wtbg.
 v. Lewis, Livland Bremer H.
 Lohmeyer, Ranis B. Falkenst.
 v. Lasrobe, Livland Belle Vue
 Lukutin, Moskau Weisses Ross
 Lewinson, Moskau Johannisberg
 Lappe, Neu-Dietendorf Helgoland
 Lange, Magdeburg San Remo
 Linke, Wolfenbüttel Weib. Hof
 Leontieff, Russland Freiburg
 Labanoff, Petersburg 4 Thürme
 Lemm, Berlin Rosengarten
 de Luchet, Mainz K. v. Württemb.
 Linel, Frankfurt V. Dreis
 Löwenthal, Frankfurt Deutsches Hof
 Lewerman, Paderborn Eisenbahn
 Lemberg, Breslau Bremer Hof
 Luden, Utrecht Pariser Hof
 v. Lehndorff, Berlin Kurhaus
 v. Lauer, Berlin Kurhaus
 Lange, Berlin Stolzenburg
 Lamber, Kurland Fortuna
 Ludwig, Berlin St. London
 Landerossen, Schweden Valencia
 Lewerenz, Bresin St. Wiesbaden
 Lindau, Berlin K. v. Württemb.

Lind, Hamburg Schl. Rheinstein
 Lenz, Gardeliegen Nussbaum
 Liepe, Gohlitz G. Traube
 Littmann, Breslau Windsor House
 Lück, Mainz Genf
 Lebküchner, Schweinfurt Bavaria
 v. Levetzow, Wubiser Kurhaus
 Lidorikis, Athen H. Schäfer
 Lamteinson, Lüttich Friedrichsburg
 Lauterburg, Langnan 3 Reichskr.
 Lisch, Chemnitz Belle Vue
 Lewin, Berlin Darmst. Hof
 Lorenz, Edenkoben K. v. W.
 Laufs, M.-Gladbach Pr. v. W.

Mayländer, Bernburg Bair. Hof
 Mühlsteiff, Godullahütte Winds. H.
 v. Manstein, Russland B. Stein
 v. Maltzahn, Rothenmoor B. Stein
 Michel, England Villa Reale
 Mühle, Hamburg St. London
 Mielcke, Königsberg Johannisb.
 Martini, Eriurt K. v. Württemb.
 Menzeu, Saarlonis K. v. Württemb.
 Marshall, England Genf
 Meyer, Kl. Mansfeld H. Godecke
 Mentiplay, London Villa Rupp
 Müller, Darmstadt H. Ritzmann
 Moulart, Kurland Taube
 Müller, Leipzig Viehy
 Meyer, Braunschweig Alte Post
 Meyer, Prenzlau Gold. Kreuz
 Meissner, Neuwarp Langenau
 Molineus, Barmen Pariser H.
 Meyer, Neuhaus Borussia
 Martin, Cöpenick Kleeblatt
 Maximowitch, Petersburg P. v. W.
 Mücksch, Berlin Langenau
 Müller, Brake Darmst. Hof
 v. Maydell, Reval H. Guttenberg
 Mückel, Annaberg H. Hempel
 Middleton, Schottland V. Dreis
 v. Müller, Düsseldorf Kurh.
 Murnane, Berlin K. v. Preussen
 Menzel, Holzkirchen Langenau
 Mittweg, Essen Weisses Haus
 Mednedkoff, Moskau Gold. Fass
 Meckel, Eiberfeld Pr. v. Wales
 Müller, Berlin Huyn's Garten
 Meyer, Bremen V. Sans-Souci
 Münster, Copenhagen Lahnau
 Marx, Berlin Albion
 Müller, Berlin Langenau
 Mewes, Mexico H. Guttenberg
 Mallachow, Bromberg Bairisch. H.
 Müller, Deutsch Crone Johannisb.
 Müller, Tann H. Reuter
 Miethke, Eisenach Flora
 Mehlhorn, Freiberg Taube
 Markowsky, Kiew Darmst. H.
 Möller, Guben Langenau
 Marsder, London St. London
 Medum, Silkeborg St. London
 Messer, Lich Friedrichsburg
 v. Maydell, Livland V. Reale
 Marzahn, Spandau Nussbaum
 le Marchand, Berlin Pr. v. Wales
 Müller, Erfurt Ludwigshöhe
 Milutin, Petersburg Engl. H.
 Meine, Hannover Wilhelmsbg.
 Mahner, Dresden Brem. H.
 v. Müller, Petersburg V. Reale
 Menzel, Millrath San Remo
 Merenberg, Wiesbaden Kurhaus
 Meyer, Osnabrück Villa Flora
 Meister, Stettin St. London
 Meyer, Düsseldorf V. Reale
 Meyer, Hamburg H. Ritzmann
 Merpert, Kiew Hohenzollern
 Müller-Stumm, Frankfurt Engl. H.

Meyer, Zürich H. Godecke
 Melikoff, Petersburg St. Wiesbad.
 Michaelis, Magdeburg V. Rupp
 Maass, Berlin K. v. Württemb
 v. Zur-Mühlen, Lievland B. Vue
 v. Meyer, Petersburg St. London
 v. Michalkowsky, Bremen S.-Souci
 Müller, Paris Wendemark Weib.H.
 Marriott, England H. Roth
 Mannheimer, Oschersleben B. Vue
 Marschall, Cöln St. Brüssel
 Michels, Priglowitz Deutsch. Haus
 de Merejkowsky, Petersburg Engl. H.
 v. Mühlen, Livland Belle Vue
 v. Myschetsky, Petersburg 3 Schw.
 Mentzel, Breslau Johannisberg
 Mehl, Westeröföld Jugenheim
 Megele, Speyer Heilquelle
 de Matthys, Lüttich Sans-Souci
 Muschi, Nordhausen H. Guttenb.
 Müller, Berlin Kurhaus
 Marx, Habelschwerdt Victoria
 Moubaupt, Breslau Johannisberg
 Mosler, Giessen B. Lahneck
 Marquard, Obernack Monaco
 Müller, Schlesien 3 Reichskronen
 Matzenbecher, Hamburg Brschw.H.
 Meyer, Osterode St. München
 Mensing, Wichmannshausen A. P.
 v. d. Marwitz, Erfurt K. v. W.
 Mischke, Berlin V. Sans-Souci
 v. Morgoli, Petersburg P. v. W.
 Michelly, Königsberg V. Balzer
 v. Moltje, Assen St. Basel
 Meyerfeld, Frankfurt V. Beriot
 Moschel, Speyer Heilquelle
 Makaroff, Petersburg Gastein
 Müller, Hamburg St. München
 Meyer, Dresden Pfalz
 Mirus, Leipzig Weilburger Hof
 Michalowsky, Krakau H. Haag
 Miessner, Berlin H. Hempel
 Mielalis, Domitz H. Guttenberg
 Michaelis, Dönnitz Z. Schwanen
 Meier, Halberstadt H. Löwenst.
 Müller, Breslau Langenau
 Mistorky, Petersburg H. Guttenb.
 Musill, Moskau Pfalz
 Meyer, Hannover Belle Vue
 Morgenroth, Elberfeld Germania
 Mittler, Hersfeld Zur Eisenbahn
 Müller, Eltville Alte Post
 Meyer, Barten H. Amisia
 Merton, Frankfurt Darmst. Hof
 Meyer, Osnabrück Johannisberg
 Marggraff, Schwiebus Villa Dreis
 Märten, Detmold H. Ritzmann
 Micket, Attendorn H. Roth
 Möller, Gelle H. Ritzmann
 Meyer, Hamburg H. Ritzmann
 Muraview, Petersburg Leuchtenb.

Nawinskow, Russland Russ. Hof
 Nemoss, Petersburg Johannisberg
 de Nefforge, Brüssel V. Dreis
 Netscharff, Petersburg Germania
 Nilson, Christiania St. Wiesbaden
 Nunnemacher, Milwaukee Kurh.
 Netchaëff, Petersburg Germania
 Neumeister, Alexandrien Schwan.
 Nehrkorn, Riddagshausen P. v. W.
 Niedermayer, München Nassovia
 v. Nasarki, Riga V. Schönbrunn
 Nagel, Altona Weibg. Hof
 Neeb, Wien Löwen
 v. Nordstein, Petersburg B. Königst.
 Neubaus, Nassau Genf
 Niegra, Petersburg K. Alexander
 Naumann, Lübau St. Stockholm
 Neutze, Niedermeiser Deutsch. H.
 Niehe, Breslau Taunus

Niektin, Moskau Johannisberg
 Nikutowski, Berlin Pr. Eugen
 Nenbauer, Paris Schweizerth. 3
 Niederhofheim, Wien H. Wolf
 Nottebaum, Düsseldorf Mainz. H.
 Niemer, Cottbus H. Reuter
 Nedelmann, Essen Belle Vue
 Natermann, Münden Wilhelmsb.
 Nabbat, G.-Särschen St. Wiesbaden
 Nartoff, Petersburg Fürst Blüer
 Neimböffer, Heidenheim H. France
 Niepman, Elberfeld V. Beriot
 Neubeck, Schwerin Normandie
 Nehry, Halberstadt grünen Wald

Ostermayer, Ravensburg Langenau
 Ollendorff, Christiania Langenau
 Oloff, Carthaus Langenau
 Overbeck, Barmen Darmst. H.
 Oppen, Berlin K. v. Preussen
 Oosterloo, Larreit Cölnischer H.
 Ortlepp, Magdeburg 3 Reichskron.
 d'Oultremont, Belgien S. Remo
 Ozmidoiff, Russland Sans-Souci
 v. Ortenberg, Petersburg H. France
 v. Oven, München H. Godecke
 Otto, Gnoyen Schl. Johannisberg
 Oehlmann, Berlin St. Brüssel
 Ogle, England H. Soltau
 v. Ohlen-Adlerskron, Berlin Wiesbd.
 d'Oultremont, Paris Sans-Remo
 Oedmanusson, Schweden Wilhbg.
 v. Olivensleben, Neuhaudensl. Jahrz
 Oppermann, Berlin Bremer H.
 Odendall, Frankfurt Johannisb.
 Oldenhorger, Russland Bavaria
 v. Ostrowsky, Warschau Nass. H.
 Osuna, Spanien Engl. Hof
 Obolensky, Russland 4 Thürme
 Orloff-Denisoff, Russland K. Alex.
 Oesterley, Hannover Langenau
 Ollenroth, Berlin Heilquelle
 Ottmer, Coblenz Belle Vue
 Otto, Berlin Friedrichsburg
 Oppenheimer, Cöln Taunus
 v. d. Osten, Jannowitz K. v. W.
 Ohning, Berlin Nassauer Hof
 Oppler, Breslau Schützenhof
 Orloff-Denisoff, Russland K. Alex.
 Orts, Issum St. Strassburg
 v. Oszewski, Braunschweig Alex.
 Otto, Naumburg Alte Post
 Oelsner, Breslau St. Wiesbaden
 Oelmer, Dresden H. Godecke

Paterson, England Pariser Hof
 Pönopp, Berlin Kurhaus
 Piayne, England Drei Schweizer
 Pohlmann, Münster B. Gutenfels
 Piasetzki, Petersburg St. Lyon
 Perkins, London Engl. Hof
 v. Platen, Schweden Pr. v. Wales
 Pek, Amsterdam Grüner Wald
 Pallavicini, Berlin Pr. v. Wales
 Pauli, Berlin Schl. Johannisberg
 Postler, Buchwald Villa Kuhn
 Platzmann, Leipzig H. Ritzmann
 Palmgren, Russland K. Adolph
 Pim, Dublin Engl. Hof
 Parminster, Stuttgart Britannia
 Pleiss, Remscheid Bremer H.
 Pfeiffer, Düsseldorf Bremer H.
 Pepper, Philadelphia Darmst. H.
 Prinzen, M.-Gladbach V. Nova
 Püschel, Breslau G. Lamm
 Pereyra, Paris Pr. v. Wales
 Perlbach, Meran Huyn's Gartenh.
 v. Pleckersfeld, Kronstadt F. Blüch.
 Peltzer, M.-Gladbach Darmst. H.
 Pfeiffer, Brätz H. de Franco
 Plock, Altengrabow H. de Flandre

Pfaff, Berlin Pyrmont
 Potrapoff, Petersburg 4 Jahresz.
 Peters, Coblenz Sporkenburg
 Pflüger, Bremen Pr. v. Wales
 Pausch, Erfurt Paris. H.
 Poorter, Petersburg H. France
 Pousekine, Russland B. Vue
 Pretymann, England Belle Vue
 Prager, Görlitz Wind. House
 Peapeke, Haida Roladdeck
 Philimonoff, Moskau St. London
 Prius, Altona H. Guttenberg
 Peltzer, Coblenz Rhein. Hof
 Pfau, Bremen H. Ritzmann
 Petersen, Hamburg Russ. Hof
 Paazig, Dresden Victoria
 Pelmann, Amerika Rolandseck
 Primo, Stettin Jugenheim
 v. Passow, Schwerin Langenau
 Pühl, Schlesien K. v. Württemb.
 Poetschke, Kurk Vichy
 Penkovsky, Moskau Rebenstock
 Prosdorf, Leipzig Johannisberg
 Pahl, Magdeburg Johannisberg
 Potulicka, Galizien Belle Vue
 Petro, Rumänien H. Schäfer
 Pape, Gronau Villa Nova
 Pohl, Lampersdorf V. Kuhn
 v. Perponcher, Berlin Kurhaus
 v. Pannief, Petersburg Russ. H.
 Pflüger, Honolulu Pr. v. W.
 Peyrat-Petit, Genf P. v. Wales
 Penon, Weener Pr. Eugen
 Prolliuss, Hannover Spaa
 Piek, Monheim Alte Post
 Preisser, Straubing G. Lamm
 Peters, Berlin K. v. Württemb.
 Poresch, Petersburg V. Balzer
 Pappenhausen, Hamburg V. Balzer
 Pihl, Abo Borussia
 Pöhl, Petersburg Johannisberg
 Plüddemann, Berlin V. Beriot

Quedenfeld, Königsberg Brschw.H.
 v. Reiche, Dobbertin K. v. Württemb
 v. Rees, England V. Diana
 Railauf, Coblenz Kurhaus
 Rappold, Angsburg Deutsch. Hof
 Reuecke, Petersburg Victoria
 Rasche, Magdeburg Victoria
 Rewoldt, Wolekwitz Lahobau
 Rekowski, Mainz Ludwigshöhe
 v. Rössing, Moringen Langenau
 Reimann, Mannheim Kaiserkrone
 Richardt, Wiborg Braunsch. H.
 Raben, Apenrade H. Ritzmann
 Retschy, Lehrte Löwen
 Rupprecht, Nürnberg Löwen
 Rafalovitsch, Schellen Ludwigsth.
 v. Rüdiger, Russland Taunus
 Robberts, England Prinz v. Wales
 Raschlé, Schweiz K. v. Württemb.
 Rittenberg, Kingston Badisch. H.
 Russell, London Engl. Hof
 Reventtow, Jersbeck Guttenberg
 Richter, Dresden Jugenheim
 v. Rokoff, Stuttgart V. Diana
 Roche, Irland 4 Jahreszeiten
 Reitzenbaum, Stettin Pyrmont
 Rohr, Harburg St. Stockholm
 Rudemann, Waghäusel G. Traube
 Reinbothe, Nordhausen H. Roth
 Rabe, Potsdam V. Rupp
 Ribbert, Limburg a. L. Schönbrunn
 Rohr, Charlottenburg K. v. Wtb.
 Raddatz, Ueckermünde Huyn's G.
 Riedel, Stadtkanal V. Balzer
 Rosenberg, Stockholm Engl. H.
 Rath, Bräisheim H. France
 v. Rando v. Berlin Genf
 Rose, Hamein H. Schäfer

Riehmer, Berlin Par. H.
 de Rostoff, Petersburg Engl. Hof
 Reuss, Bayreuth St. London
 Rodowe, Frankfurt Luzern
 v. Runkel, Heddersdorf Marienth.
 Russler, Bamberg Feis z. Meer
 Riema, Barmen Badischer Hof
 Ross, New-York Engl. H.
 Radicke, Bromberg Nussbaum
 Rognant, Paris Alte Post
 Reichenheim, Berlin 3 Reichskr.
 Röthlisberger, Walkringen Reichkr.
 Rosenstock, Leipzig Nassauer H.
 v. Rambach, Wien Kaiserkrone
 Rechenberg, Leipzig Johannisb.
 Rühlend, Königsutter Luzern
 Richter, Chemnitz St. Strassburg
 Rudhard, Offenbach St. Strassburg
 Rosenfeld, Berlin Idylle
 Rosenow, Strassburg Löwenstein
 Rabinowicz, Warschau Ritter
 Rhödin, Helsingborg H. Flandre
 Rall, Straubing Feis zum Meer
 Roscher, Stollberg H. Amisia
 Richard, Cassel Johannisberg
 Rohwetter, Frankfurt Johannisb.
 Richter, Potsdam Carlsruhe
 Reisig, Trier Löwen
 Roskowski, Sangerhausen Paris H.
 Robinow, Edinburg Pariser Hof
 v. Reutern, Berlin Kurhaus
 Roder, Berlin Kurhaus
 Roßf, Fechenheim M. Heydenreich
 Rhien, Nienburg Nassauer Hof
 Ritter, Mainz K. v. Württemb.
 Rosenberg, Angaru St. Basel
 Reimers, Aurich Badischer Hof
 Richter, Magdeburg V. Balzer
 Reik, Raab Vichy
 Rösing, London Europ. H.
 Raffalowich, Odessa V. Nova
 Reimann, Paris 4 Jahreszeiten
 Roger, Paris V. San Remo
 Reusch, Neuwied St. London
 Riesenfeld, Gr.-Strelitz Marienth.
 Rheinstein, Baiern Nassauer Hof
 Rasmussen, Copenhagen Borussia
 Rolfsen, Norwegen Bremer Hof
 Reimann, Holland 4 Jahresz.
 Remmler, Geestemünde V. Kuhn
 Rafalovitsch, Russland Ludwigsth.
 Ribbert, Barmen Langenau
 Rheinfels, Hannover Z. Traube
 Rosenberg, Bielefeld H. Wolf
 v. Rohr, Berlin Lahnbau
 Rosenthal, Bielefeld H. Wolf
 v. Reischach, Frankfurt Nass. H.
 Roebel, Berlin Johannisberg
 Richter, Dresden Johannisberg

Schalk, Aschersleben Ludwigsh.
 Staritsky, Moskau V. Monrepos
 Sésilavina, Petersburg Gastein
 Schlun, Münster Burg Gutenfels
 Schay, Grünberg Alte Post
 Schuppensteiner, Minden Langen.
 Söellig, Görlitz Johannisberg
 Smethurst, England Engl. Hof
 Sutor, Naumburg Pfalz
 Schwarz, Breslau Langenau
 Schiloff, Petersburg Gold. Fass
 Schwarzkopf, Nauen Hotel Roth
 Stumpf, Naumburg Pfalz
 Schwenniger, Nienburg Pr. Wilh.
 Sartig, Berlin Langenau
 v. Schlieben, Dresden Langenau
 Schweitzer, Berlin Burg Lahneck
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Kalte und warme, römische, russische und Kiefernadelbäder zu jeder Tageszeit, Electrotherapie.

Hausarzt: Dr. Runge.

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Gustav Adolph Wichtrich.

Burg Lahneck

vis-à-vis der Bogenbrücke.

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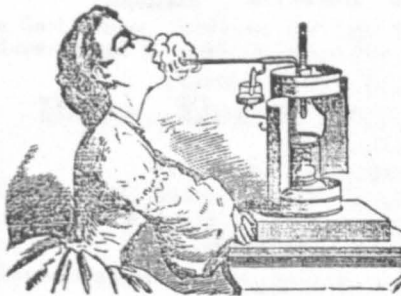
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Düsseldorf, 1852.	München, 1854.	Paris, 1855.	London, 1862.	Cöln, 1865.	Dublin 1865.	Oporto, 1865.
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Empfehlenswerth für jede Familie!

Nichts ist so angenehm kühlend und erquickend in der heissen Jahreszeit,
auf Reisen und Marschen, als Zuckervasser, Selters- oder Sodawasser mit

Boonekamp of Maag-Bitter,

bekannt unter der Devise: „Occidit, qui non servat,“
erfunden und einzig und allein destillirt von

H. Underberg-Albrecht

am Rathhause in RHEINBERG am Niederrhein,

Hoflieferant

Sr. Majestät des deutschen
Kaisers und Königs
von Preussen.

Sr. Kgl. Hoh. des Prinzen
Friedrich von Preussen.

Sr. Kaiserl. Majestät des
Taikuns von Japan.

Sr. Kaiserl. Hoheit des
Prinzen von Japan.

sowie vieler andern Kaiserl., Königl., Prinzl., Fürstl., etc. etc. Höfe.

Ein Theelöffel voll meines „Boonekamp of Maag-Bitter“
genügt für ein Glas von $\frac{1}{3}$ Liter Zuckervasser.

Der „Boonekamp of Maag-Bitter“ ist in ganzen und halben Flaschen
und in Flacons ächt zu haben in EMS bei den Herren **Fr. Linkenbach**,
Weilburger Hof, **F. Schmitt**, Englischer Hof, sowie allenthalben bei
den übrigen bekannten Herren Debitanten.

Paris, 1867.	Wittenberg, 1869.	Altona, 1869.	Wien, 1873.	Bremen, 1874.	Köln, 1875.
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Warnung vor Flaschen ohne mein Siegel und ohne die Firma:
H. Underberg-Albrecht.

Bereit. durch Hrn. Majestät des Kaisers aller Reussen nach Russland
importirt. Patentirt für ganz Frankreich.

Coblenz.


□ F. z. V. So. 25/6. M. 12 U.
J. F. Fu. T □ 1 △.

□: Kränzchen.

Johannisfest und Schwesternfest
am 24. Juni Abends 5 Uhr
Listen zum Einzeichnen für Coblenz u. Ems
Bureau der König-Wilhelm-Felsenquelle.
Bankbureau Wilhelmsburg.

Vorläufige Anzeige.

Die rühmlichst bekannte

 Zillerthaler 

Sänger-Gesellschaft,

bestehend aus 8 Personen

unter Direction des Herrn Holsaus wird auf
ihrer Durchreise im Laufe der nächsten
Woche dahier einige Concerte geben, worauf
alle Freunde des Gesanges hierdurch auf-
merksam gemacht werden.

ADOLPH MÜLLER

vis-à-vis dem Cursaal.

Lager von deutsch., französ., spanisch.
und ungarisch. Weinen.

Champagner & Liqueure.

Jamaica Rum „Original“,

„Eau de Vie Pale“ de la maison

J. Hennessy & Cie. à Cognac

Elegante Herrenkleider

liefert prompt nach Maas, zu mässigen
Preisen

F. A. Hartling, Coblenz,

Clemensstrasse 7.

Grosse Auswahl von in- und aus-
ländischen Stoffen,

nur solider Fabrikate, besonders reich sortirt
in englischen

Reise-Anzug-Stoffen.

Geschäfts-Eröffnung.

Lahnstrasse Nr. 10 im Hôtel Gœdecke

Franz Hess aus Wien,

vormals Beisiegel & Hess

Meerschäum-

und

Bernsteinwaaren-Fabrikant,

empfeht ein reichhaltiges Lager neuester
Rauchrequisiten zu reellen Preisen.

J. Deisner,

Hoflieferant

oberhalb den vier Thürmen Nr. 32
empfeht zu den billigsten Preisen sein reich-
haltiges Lager in

Spitzen & Weisswaaren,

sowie

Buntstickerei und Luxusartikel.

Café Alemannia,

vis-à-vis dem Bahnhofe.

Restauration à la carte. Bairisch Bier. Billard.

N. A. Beringer & Comp.

Weingutsbesitzer und Weinhändler

in

Winkel im Rheingau.

Filiale: Bad-Ems, Römerstrasse Nr. 45,
vis-à-vis den 4 Thürmen.

Optische Waaren.

Artikel für Gesundheitspflege, Physikalische Apparate
und
Zeichenutensilien.

Unterzeichneter empfiehlt sein wohl assortirtes Lager von Operngucker, Feld-
stechern & Fernröhren, Stereoskopen & Mikroskopen in jeder Grösse & Ausstattung

Brillen und Pince-nez

in Gold, Silber, Schildpatt und Stahl für jede Sehkraft und Kopfform mit den besten
bi-concav und bi-convex, periskopischer Plan- und Muschelgläsern, weiss, blau und grau

Aneroid-Metall- und Quecksilber-Barometer,

Bade-, Zimmer- und Fenster-Thermometer,

sowie ärztliche mit 1/10 Theilung.

Irrigateurs, Clystropompen und Inhalationsapparate.

Augen- und Nasendouchen, Injections- und Subcutanspritzen, Eisbeutel,
Luft- und Wasserkissen, Bruchbänder und Suspensorien, Gummistrümpfe,
Respiratoren und Inductionsapparate.

Reparaturen werden in eigener Werkstätte ausgeführt.

Haus
Rheingau

Wilh. Göbel,
Optiker und Mechaniker.

in der Nähe
des Bahnhofes.

Restaurant Lindenbach.

Café

Déjeuners, Diners à part, Soupers. In- und ausländische Biere.
Reingehaltene Weine.

Restauration à la carte zu jeder Tageszeit.

Ferd. Lang.

Kunstausstellung im Kursaal.

Eingang an der Lahnseite im I. Stock sind ausgestellt:

Der Tod Kaiser Josef II.

von Oestreich.

Grosses historisches Gemälde von Professor GEORG KONRÄDER in München,
Ausserdem eine grosse Collection Gemälden von Meistern ersten Ranges als: Rembrandt,
Pahl, Gugel, Lichtenheld, Koken, Lang, Ullik, Heinel, Wolf, Gaisser,
Chetmintzky, etc.

Täglich geöffnet von Morgens 8 bis 12 Uhr und Nachmittags von 3 bis 7 Uhr.

Entrée 1 Mark.

CARL MERKEL.

Delicatessen - Handlung.

Alle nur möglichen Sorten von Fleischwaaren, feinste Sorten In- u. Ausländer-Weine, besonders mache aufmerksam auf Tokayer, medicin. Tokayer, approbit und analysirt. Ruster-Ausbruch. Engl. Bisquit und sämmtl. Conserven. Empfehle ferner dem geehrten Publikum mein elegant eingerichtetes **Frühstückszimmer**, wo alle Speisen, Weine, sowie kalte und warme Getränke in ausgezeichneter Qualität verabreicht werden.

Hochachtungsvollst

F. Demand,
Berliner Hof,
vis-à-vis der Bogenbrücke.

Den geehrten Kurirenden und hiesigen Einwohnern empfehle ich mein

Schuh- & Stiefel-Lager,
welches eine Auswahl elegant gearbeiteter Schuhwaaren für Herren, Damen und Kinder enthält.

Bestellungen nach Maas, sowie Reparaturen werden schnell und gut besorgt.

Ph. Schmitt,
Schuhmacher, Römerstr. Nr. 94.

CHR. KOHL

aus Offenbach.

Bad-Ems, Deutscher Hof neb. Hôtel Darmstadt.

Industrie-Bazar

Luxus- & Gebrauchsartikel. Billige Preise.
Grosse Auswahl passender Geschenke.

Edmund Risse,

Hof-Photograph

Ihrer und Königl. Kronprinzen Kronprinzessin



Kaiserl. Hoheiten des und der Frau von Preussen

und Deutschland,

Rudolf Wimmer,

Maler.

Preisgekrönt von der Akademie der bildenden Künste zu München.

Bad-Ems,

Haus „Vichy“ am Bahnhof
empfehlen ihr artistisch-photographisches Institut zur Anfertigung von

Chromotypien & Lambertypien

allernuestes patentirtes Verfahren für unvergängliche Photographien.

Porträts in jeder Grösse

in schwarz, aquarell, Pastell und Oelmalerei unter Garantie der Aehnlichkeit und künstlerischer Ausführung.

Feinste Porträts

auf Milchglas und Elfenbein in brillanter Ausführung gemalt.

Gesellschaftsgruppen

in und ausserhalb des Ateliers.
Photophanien für Porträts, Architectur und Landschaften.

Momentaufnahmen von Kindern bei jeder

Das Bank- & Wechselgeschäft von
L. J. Kirchberger
befindet sich im „Nassauer Hof“, gegenüber der Colonnade.

Le Bureau de Banque et de Change de
L. J. KIRCHBERGER
se trouve dans le „Nassauer Hof“, vis-à-vis de la Colonnade.

Mr. L. J. Kirchberger's
banking and exchange office is in the „Nassauer Hof“,
opposite the Colonnade.

Mein Geschäfts-Local befindet sich jetzt im Hause
„Germania“ vis-à-vis dem Kursaal.

H. Königsberger.

Mon magasin se trouve dans la maison „Germania“
vis-à-vis le Kursaal.

H. Königsberger.

Französische

Glace-Handschuhe,

sowie

Gants de suède,

2-8 knöpfig

für Herren und Damen werden, nur kurze Zeit, zum Fabrikpreise ausverkauft.

Nassauer Hof, neben den „vier Jahreszeiten“.

NB. Bei Abnahme von 1 Dutzend werden 13 Paare für 12 gerechnet.

Der Ausverkauf

meiner Weisswaaren, Blumen, Bänder und Spitzen findet noch bis 1. Juli in meiner Wohnung „Hohenstaufen“, Grabenstr. statt.

J. Deutsch.

Künstl. Zähne & Gebisse

mit und ohne Gaumenplatte

werden schmerzlos eingesetzt; **Zahnschmerzen** in wenigen Minuten bei Erhaltung der Zähne sehr einfach beseitigt, sowie alle

Zahnoperationen

solid ausgeführt.

Oberlahnstein **L. Bein**, Burgstr. 33.

Eine geprüfte **Lehrerin**, welche mit Herrschaften gereisst, gut deutsch, französisch, englisch und russisch spricht, sucht Stelle als Gesellschafterin oder Erzieherin zu grösseren Kindern. Offerten: Fr. W. Höpner, Bad-Ems

Rhein-Dampfschiffahrt

Abfahrten von Lahnstein: Nachts 12³/₄ Uhr und Morgens 6¹/₂ Uhr bis Mannheim; Morg. 10¹/₂, Nachm. 1¹/₂*, 2³/₄ bis Mainz; Abends 7 Uhr nach St. Goar.

Morgens 8 Uhr bis Düsseldorf; Vorm. 11³/₄, Nachm. 1¹/₄*, 2¹/₄, n. 4¹/₄ Uhr bis Cöln; Abends 7¹/₂ Uhr bis Coblenz; 2¹/₄ Uhr bis Rotterdam; Samstags nur bis Arnheim; Nach Rotterdam via Nymwegen Montag, Dienstag, Donnerstag, Freitag, Sonntag. Dienstag und Sonntag nach London.

* Schnelfahrten der Salonboten „Humboldt“ und „Friede.“

Kunst-

Färberei & chem. Wäscherei

von

Theodor Kramer,

Nene Krone, Coblenzerstrasse Nr. 26.